Liberty Healthcare Corporation
THE FREEDOM TO SUCCEED™

Employee's Report of Injury Form

Instructions: Employees shall use this form to report all work related injuries, illnesses – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

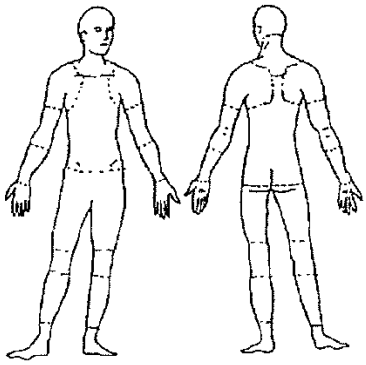
I am reporting a work related: ❑ Injury ❑ Illness		Date:
Name:	DOB:	SS:
Address:		Telephone Number:
❑ Single ❑ Married ❑ Divorce ❑ Male ❑ Female	# of Dependents:	Hire Date:
Job Title:	Supervisor:	
Have you told your supervisor about this injury? ❑ Yes ❑ No		
Was this your regular shift? ❑ Yes ❑ No		
Date of injury:	Time of injury:	
Names of witnesses (if any):		
Where, exactly, did it happen?		
What were you doing at the time?		
Describe step by step what led up to the injury. (continue on the back if necessary):		
What could have been done to prevent this injury?		
What parts of your body were injured?		
Did you see a doctor about this injury/illness? ❑ Yes ❑ No		
If yes, whom did you see?	Doctor's phone number:	
Date:	Time:	
Has this part of your body been injured before? ❑ Yes ❑ No		
If yes, when?		
Your signature:	Date:	

Supervisor's Incident/Accident Investigation Report

Instructions: Must be completed by the supervisor within 24 hours of the incident/accident. The purpose of this form is to make sure that every incident/accident is looked at by the supervisor. The supervisor should interview the employee and any witnesses to the event.

Step 1: Injured employee (complete this part for each injured employee)		
Name:	Sex: ❑ Male ❑ Female	Age:
Department:	Job Title at time of incident:	

Part of body affected: (shade all that apply)



What part of employee's workday?
- ❑ Entering or leaving work
- ❑ Doing normal work activities
- ❑ During meal period
- ❑ During break
- ❑ Working overtime
- ❑ Other _____

Nature of injury: (most serious one)
- ❑ Abrasion, scrapes
- ❑ Amputation
- ❑ Broken bone
- ❑ Bruise
- ❑ Burn (heat)
- ❑ Burn (chemical)
- ❑ Concussion (to the head)
- ❑ Crushing Injury
- ❑ Cut, laceration, puncture
- ❑ Hernia
- ❑ Illness
- ❑ Sprain, strain
- ❑ Damage to a body system
- ❑ Other _____

This employee works:
- ❑ Regular full time
- ❑ Regular part time
- ❑ PRN
- ❑ Temporary

Step 2: Describe the incident		
Exact location of the incident:		Exact time:
Name of witnesses (if any):		
If there are witness statements please attach.	Photographs:	Maps/drawings:
What personal protective equipment was being used (if any)?		
Describe, step-by-step the events that led up to the injury.		

Step 3: Why did the incident happen?	
Unsafe work conditions or unsafe acts by people: (Check all that apply) ❑ Unsafe clothing ❑ Improper lifting techniques ❑ Distraction, teasing or horseplay ❑ No training or insufficient training	
Why did the unsafe conditions exist?	
Why did the unsafe acts occur?	
Were the unsafe acts or conditions reported prior to the incident?	❑ Yes ❑ No
Have there been similar incidents prior to this one?	❑ Yes ❑ No

Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident from happening again?

❑ Stop this activity ❑ Train the employee(s) ❑ Train the supervisor(s) ❑ Redesign task steps

❑ Redesign work station ❑ Write a new policy/rule ❑ Enforce existing policy

❑ Routinely inspect for the hazard ❑ Personal Protective Equipment

❑ Other: _____

Step 5: Who completed and reviewed this form? (Please print)	
Written by: Department:	Title: Date:
Names of investigation team members:	
Reviewed by:	Title: Date: