

OFFICE USE ONLY:
Reviewed: _____
Initial: _____ Date _____
Hold in Retention for 3 years

Evergreen Christian Community/School

**Employee
Injury/Illness/Near Miss Report Form**

Date: _____

Name of injured/ill person: _____

Date of birth: _____

Cell Phone: _____ Home Phone: _____

Address: _____ City/State/Zip: _____

Present Job Title: _____

Was Supervisor notified? Yes__No__Time: _____ Date: _____

Name & address of hospital (if hospitalized): _____

Nature of injury or illness: _____

If sickness, date & time symptoms first appeared: _____

Has subject ever been ill with this condition before? _____

When? _____

Was EMS/911 called? _____

If injury, date & time accident occurred: _____

How did it happen? _____

If Near Miss, date & time occurred _____

Describe the Near Miss: _____

What equipment was involved? _____

Who was involved in the Near Miss? _____

Name of person at ECC/ECS first notified: _____

Name & address of physician first treating condition: _____

Date first attended by physician for this condition: _____

Where? _____

Any further comments: _____

Signature & printed name of person filling out form _____ Date _____