



**EMPLOYEE STATEMENT OF INJURY/INCIDENT**

***INJURY/ILLNESS INFORMATION***

Name of Injured Employee: \_\_\_\_\_

Date of Injury/Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Where did injury/incident occur? (Be specific, including building & room number, if applicable)

What equipment, materials or chemicals were being used? \_\_\_\_\_

In your opinion what body part(s) were injured?

In your opinion who or what caused the injury/incident?

Was there anything that could have been done to prevent the injury?

***OTHER WITNESSES***

Were there any witnesses?  No  Yes (if yes please provide the names below)

***EMPLOYEE SIGNATURE***

**I declare that the foregoing is true and correct.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Please Print Name)

Date \_\_\_\_\_