EMPLOYEE STATEMENT

EMPLOYEE NAME: _____

DATE OF INCIDENT / ACCIDENT: _____

POSITION: _____

DEPARTMENT: _____

DESCRIPTION OF INCIDENT / ACCIDENT

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Type of Accident (check one)		Nature of Injury/Illness	Part of Body Injured		Body Position When Accident Occurred
01 Caught Between ☐	10 Pulling ☐	01 Burn ☐	01 Foot / Toes ☐	13 Abdomen ☐	01 Standing ☐
02 Caught In ☐	11 Pushing ☐	02 Amputation ☐	02 Ankle ☐	14 Back ☐	02 Sitting ☐
03 Fall-Differelt Level ☐	12 Repeated Operation ☐	03 Concussion ☐	03 Knee ☐	15 Eye(s) ☐	03 Walking ☐
04 Fall-Same Level ☐	13 Struck By ☐	04 Contusion / Bruise ☐	04 Leg ☐	16 Ear(s) ☐	04 Kneeling ☐
05 Slip/No Fall ☐	14 Struck Against ☐	05 Crushing Injury ☐	05 Hip ☐	17 Face / Nose ☐	05 Bending ☐
06 Ingestion ☐	15 Driving Vehicle ☐	06 Fracture / Dislocation ☐	06 Finger ☐	18 Head ☐	06 Twisting / Turning ☐
07 Inhalation/Absorpti ☐	16 N/A ☐	07 Cut / Puncture ☐	07 Hand ☐	19 Neck ☐	07 Reaching / Stretchin ☐
08 Carrying ☐	17 Other ☐	08 Sprain / Strain ☐	08 Wrist ☐	20 Internal ☐	08 Crouching ☐
09 Lifting ☐	☐	09 Foreign Body (eye) ☐	09 Elbow ☐	21 Other ☐	09 Crawling ☐
		10 None ☐	10 Arm ☐	22 None ☐	10 Prone ☐
		11 Dermatitis ☐	11 Shoulder ☐	23 Right ☐	11 Straddle ☐
Special notes:		12 Infec. Disease Expo ☐	12 Chest ☐	24 Left ☐	12 Other ☐
		13 Toxic Atmos. Expo. ☐	Left Side ☐	Right Side ☐	13 N/A ☐
		14 Hearing Loss ☐	Describe others:		
		15 Unconsciousness ☐			
		16 open Wound ☐			

DATE _____ **SIGNED** _____

WITNESS _____

Print **Email**