

Injury Reporting Form

Injured Person: _____

Event Date: _____ Shift/Start Time: _____

Event Time: _____ Fatigued: Yes No

Total Hours Sleep in last 24 Hours: _____

What happened:

Injury Type

- LTI (Lost Time Injury)
- Illness
- First Aid
- MTI (Medical Treatment Injury)
- Pain/Discomfort
- Non-Work Related

Initial actions:

Risk Assessment

Consequences:

- Catastropic
- Major
- Moderate
- Minor
- Insignificant

How could we prevent this type of injury:

Likelihood:

- Almost Certain
- Likely
- Possible
- Unlikely
- Rare

Sign Off

NAME: _____ SIGNATURE: _____