



## **Employee Statement of Injury**

**Complete this form for ALL potential**

**Workers Comp \*incidents**

(\*Employee requires or may require medical assistance)

<b>Your Name</b>		<b>Date and Time of Injury</b>	
<b>Name(s) of any Witness</b>			
<b>Location injury occurred:</b>			
<b>Nature of injury (what did you hurt):</b>			
<b>Describe what happened (include any tools, equipment, or machinery you were using):</b>			
<b>What can be done to prevent a similar injury in the future?</b>			

**Employee signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**OFFICE USE ONLY – Please send a pdf of this completed form to Chris Henry for the Workers Comp Safety Committee**