Risk Management & Internal Control
25800 Carlos Bee Blvd., SA 1604
Hayward, California 94542
(510) 885-2335

EMPLOYEE'S FIRST REPORT OF INJURY FORM

INSTRUCTIONS: Employees shall report all work-related accidents, injuries, illnesses, or unplanned events which could have resulted in an injury or illness, as soon as possible, using this form. Once completed, this form shall be given to Risk Management for next steps.

I AM REPORTING A WORK RELATED:		INJURY		ILLNESS		NEAR MISS

YOUR NAME	SUPERVISOR NAME	DATE OF REPORT

JOB TITLE	Has your supervisor been made aware of this incident?

LOCATION OF INCIDENT	DATE OF INCIDENT	TIME

WITNESSES *if any*

INCIDENT DESCRIPTION Describe tasks being performed and sequence of events. *Attach additional pages as necessary.*

What could nave been done to prevent this injury / near miss?

What parts of your body were injured? If a near miss, how could you have been hurt?

Was medical treatment necessary?		IF YES, NAME OF HOSPITAL / PHYSICIAN:
YES	NO	
DATE OF VISIT	TIME OF VISIT	HOSPITAL / PHYSICIAN PHONE

Has this part of your body been injured before?		YES		NO	If YES, when?	

Do you have other employment?		YES		NO	Company Name	

EMPLOYEE SIGNATURE	**DATE**

Note: It is a felony for anyone to file a false or fraudulent statement or to submit a false report or any other document for the purpose of obtaining Workers' Compensation benefits. Anyone caught performing these illegal acts will be prosecuted to the full extent of the law. If convicted, the person could face up to 5 years in prison and/or a fine up to $50,000.