DOUGLAS COUNTY
ON-THE-JOB INJURY REPORT

EMPLOYEE _____

DEPARTMENT _____

CURRENT POSITION HELD _____

DATE OF HIRE _____ FT ☐ PT ☐

REPORTING ACCIDENT

Date of injury _____ Time of injury _____

Where did injury occur? _____

How did the injury occur? What work was employee engaged in? Be specific, for example: What tool or piece of equipment was employee using? _____

_____

_____

_____

Witnesses _____

MEDICAL TREATMENT
Type of injury (bruise/cut/strain etc.) _____

What parts of the body were injured? _____

First Aid Only Yes ☐ No ☐
Medical Treatment Yes ☐ No ☐ Doctor _____ Date _____

SAFETY / PREVENTION

Basic Cause: Unsafe Act ☐
Unsafe Condition ☐

Have other employees had injuries or incidents at or near this job site? If so, when, where, and how did they occur?

_____

What corrective action was or will be taken to prevent similar injuries from occurring in the future?

_____

_____

_____ _____ _____ _____
Employee Date Supervisor Date

Employee and Supervisor: Sign above and return to the Risk Manager as soon as possible.
8-96 (7-01)