B-E EMPLOYEE'S REPORT OF INJURY / ILLNESS
(ON THE JOB INCIDENTS)

INSTRUCTIONS: Injured employee is to fill out this form describing the on the job incident. Be sure injured worker and supervisor sign back side of this form, then forward to Human Resources.

NAME: _____ SS# _____

Date of accident/illness: _____ Date of report: _____

Time of accident/illness: _____ AM/PM (circle one) Building: _____

Exact location of accident or situation causing illness: _____

Describe accident, near miss, or situation contributing to illness. Include the machine, equipment, object, or substance involved. Use extra space on reverse side side if necessary. Attach all other facts, photographs, drawings/diagrams needed to clarify what happened: _____

Carrying/Lifting _____ pounds.

NATURE OF INJURY (be specific, indicating right, left, upper, lower, etc.)

☐ Sprain	☐ Head	☐ Leg
☐ Laceration	☐ Trunk	☐ Foot
☐ Fracture	☐ Neck	☐ Toe
☐ Contusion	☐ Hand	☐ Knee
☐ Back _____	☐ Arm	☐ Internal _____
☐ Burn	☐ Finger	☐ Other (explain)_____
☐ Foreign body in eye	☐ Wrist	_____

NATURE OF ILLNESS (be specific): _____

In your opinion, was this incident caused in any way by someone not employed here?

☐ Yes ☐ No

If yes, please provide the complete name, address, telephone number, and employer of the person:

CAUSE:	Basic cause:	Contributing cause, if any:
	☐ Defective tools, equipment or substance	☐ Operating w/o authority
	☐ Unsafe design/construction	☐ Operating unsafe speed
	☐ Inadequately guarded	☐ Making safety devices inoperative
	☐ Unguarded	☐ Using unsafe equipment
	☐ Hazardous arrangement	☐ Using equipment unsafely
	☐ Unsafe illumination	☐ Unsafe loading, placing, mixing

CONTINUED ON BACK

Basic cause continued:

- ☐ Unsafe clothing
- ☐ Insufficient instruction
- ☐ Failure to use personal protective devices
- ☐ Taking unsafe position

Contributing cause continued:

- ☐ Employed in moving of dangerous equipment
- ☐ Distraction, teasing, horseplay
- ☐ Other (explain) _____

ADDITIONAL DOCUMENTATION EXPLAINING CAUSE OF INJURY/ILLNESS: _____

CORRECTIVE ACTION GUIDE (Supervisor)

Based on the cause of this accident/illness, I am taking the following corrective action:

UNSAFE ACT:

- ☐ Stop the worker
- ☐ Study the job
- ☐ Instruct
- ☐ Follow-Up

UNSAFE CONDITION(S):

- ☐ Remove
- ☐ Guard
- ☐ Warn
- ☐ Supervisory

FURTHER ACTION REQUESTED:

- ☐ Refer to H.R. Director
- ☐ Report to Safety Committee
- ☐ Report to Maintenance Dept.

What I am actually doing to prevent similar injuries, near misses, or illness:

Further recommendations: _____

_____ Date	_____ Worker
_____ Date	_____ Supervisor
_____ Date	_____ H.R. Director