

Employee Incident Investigation Report

Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness.
(Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness*.)

This is a report of a: ☐ Death ☐ Lost Time ☐ Dr. Visit Only ☐ First Aid Only ☐ Near Miss	
Date of incident:	This report is made by: ☐ Employee ☐ Supervisor ☐ Team ☐ Other _____

Step 1: Injured employee (complete this part for each injured employee)

Name:	Sex: ☐ Male ☐ Female	Age:
Department:	Job title at time of incident:	
Part of body affected: (shade all that apply)	Nature of injury: (most serious one) ☐ Abrasion, scrapes ☐ Amputation ☐ Broken bone ☐ Bruise ☐ Burn (heat) ☐ Burn (chemical) ☐ Concussion (to the head) ☐ Crushing injury ☐ Cut, laceration, puncture ☐ Hernia ☐ Illness ☐ Sprain, strain ☐ Damage to a body system ☐ Other _____	This employee works: ☐ Regular full time ☐ Regular part time ☐ Seasonal ☐ Temporary Months with this employer Months doing this job:

Step 2: Describe the incident

Exact location of the incident:	Exact time:
What part of employee's workday? ☐ Entering or leaving work ☐ Doing normal work activities ☐ During meal period ☐ During break ☐ Working overtime ☐ Other _____	
Names of witnesses (if any):	

Kanas Workers Accident Report Forms

State Highway Commission of Kansas

A red circular graphic with a gradient, appearing as a partial circle or a stylized arrow pointing to the right, located to the right of the text 'State Highway Commission of Kansas'.

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