Town of Mooresville

EMPLOYEE STATEMENT FOR WORK RELATED INJURIES

EMPLOYEES ARE REQUIRED TO COMPLETE THIS FORM FOR ALL WORK-RELATED INJURIES. THIS FORM SHOULD BE COMPLETED IN ITS ENTIRETY AND SHOULD BE AN ACCURATE AND TRUTHFUL ACCOUNT OF THE ACCIDENT/INCIDENT.

Employee Name: ______________________________

Department: ______________________________

Job Title: ______________________________

Date of Incident: ______________ Time of Incident: ______________ ☐ AM ☐ PM

Incident Location and Description (address, building name, facility, room #, etc.): ______________

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INCIDENT INFORMATION

What specific task/ job duty were you performing when the incident occurred? ______________

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What, if any, equipment/tools were used? ______________________________

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Describe in detail how the injury occurred. ______________________________

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What could be done to prevent a similar incident from occurring? ______________

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Were there any witnesses? ☐ YES ☐ NO Name and Phone number of witnesses:

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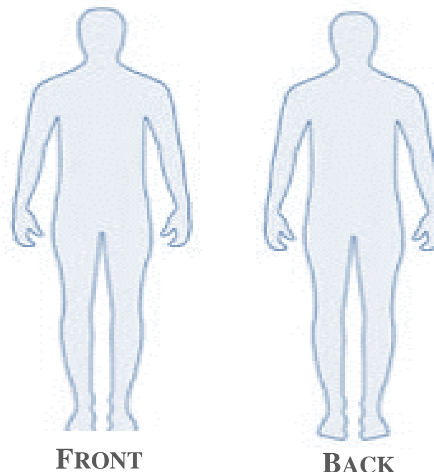
Injury Information

Part of the body affected (Check all that apply):

☐ Ankle
☐ Arm
☐ Back
☐ Cheek
☐ Ear
☐ Elbow
☐ Eye
☐ Finger
☐ Foot
☐ Hand
☐ Head
☐ Hip
☐ Jaw
☐ Knee
☐ Lip
☐ Leg
☐ Mouth
☐ Neck
☐ Nervous System
☐ Respiratory System
☐ Shin
☐ Skull/Scalp
☐ Shoulder
☐ Toe
☐ Tooth
☐ Wrist
☐ Other:

On the body diagram below, please mark the area(s) of your body you feel has been injured as a result of this incident.



Nature of Injury (Check all that apply):

☐ Amputation
☐ Bite
☐ Burn
☐ Concussion
☐ Contusion
☐ Cut
☐ Exposure
☐ Muscle Tear
☐ Skin Disorder
☐ Open Wound
☐ Poisoning
☐ Respiratory
☐ Sprain
☐ Strain
☐ Other

Was medical treatment received? ☐ Yes ☐ No

Explain: ____

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Were you placed on any work restrictions? ☐ Yes ☐ No

Explain: ____

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Prior to the incident, have you ever hurt, injured, or received treatment for the body part listed above. If yes, please provide the date of prior injury and an explanation of the previous injury:

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What was the root cause of the incident? Ask why, and then ask why again. (E.g. Why? I slipped on scrap metal. Why? The work area was not cleaned up. Why? I was rushing to get project done and did not take time to clean up the work area.)

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I hereby certify that the information I have provided is true and accurate.

Employee Name: ______________________ Date: ______________

Employee Signature: ______________________________________