

Form #2: First Report of Injury – Additional Questions

1. Was this injury reported directly (and asap) to your supervisor? If not then please explain why.

2. Have you had any prior injuries to the same body part(s)? Yes No
If so, what happened? Where did you seek treatment? When did you seek treatment?

3. Did anyone witness the incident/injury? If so, list their first and last name and phone number.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

4. Were you wearing your personal protective equipment? Yes No N/A
If yes then list the PPE.

5. Slip/Falls: Describe any materials that were in your hands or that you were carrying, including anything slung around your shoulder(s). N/A

6. Is there anything else you would like us to know about the incident or injury? If not, please add any missing information.

7. Do you have thoughts/suggestions on how to prevent a similar incident/illness from happening? Are you aware of other similar (St. Olaf) injuries/illnesses that were caused by situations that were similar to yours?

By signing below, I confirm that I have reviewed the First Report of Injury and the Additional Questions, and the information is true and correct to the best of my knowledge.

Employee Printed Name: _____

Employee Signature: _____

Date: _____