



**Incident Reporting:  
Employee's Report of Injury Form**

**Bannock County**  
624 E Center Street  
Pocatello, ID 83201

Human Resources and Risk Management

**Instructions:** Employees shall use this form to report all work-related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – no matter how minor. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near Miss	
Your name:	
Job title:	
Your Supervisor's Name:	
Have you told your supervisor about this injury/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/near miss:	Time of injury/near miss:
Names of witnesses (if any):	
Where, exactly did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury/ near miss (continue on back if necessary):	
What could have been done to prevent this injury/ near miss?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Did you see a doctor about this injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Doctor's phone number:
Date of visit:	Time of visit:
Your signature:	Today's Date: