



Injury/Near Miss Report

Employees are required to report **EVERY** work related injury, illness, or near miss **the day it happens** - No Exceptions No Matter How Minor! - **It is critical that we identify and correct any hazards before they cause serious injury.** This report must be completed by the Injured Employee / Witness / Office as soon as possible. **(Same Day of Event)** **A copy of this form must be given/texted to Chris 801-633-5255 immediately upon completion, no exceptions!**

Work Related Event: Injury Illness Near Miss Date of Event: _____ Time: _____ AM | PM

Injured Employee Name: _____ Person Reporting: Injured Emp. Witness Office

Injured Emp. Phone: _____ Person Reporting Name: _____

Emergency Contact: _____ **RMWP Owner Contacted:** Call Text In Person

Witness Name: _____ Witness Email: _____ Phone: _____

Location (Address/Lot/GPS/WO#): _____

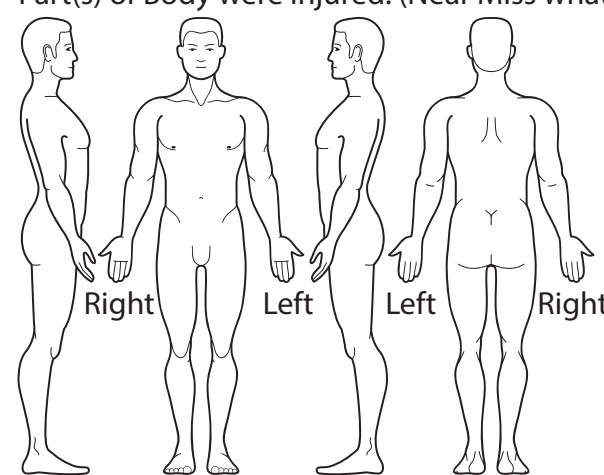
Describe where on site: _____

Describe Task/Process/Movement done at the time: _____ PPE Used: Yes No

Describe in detail (**step by step**) what led up to the event. (Continue on back if needed): _____ JSA: Yes No

Injuries/Illnesses/Near Misses are **Preventable**. What things could have been done to prevent this? (**Be Specific**):

Part(s) of Body were injured: (Near Miss what part(s) could have been injured) Draw/Color/Circle **Describe:**



Minor First Aid Only (small cut/bruise/etc): Yes No

Doctor visit for this Injury/Illness: Yes No

Chiropractor visit for this Injury/Illness: Yes No

If visit to provider, was it pre-authorized: Yes No

Provider Company (if visited): _____

Provider Name: _____ Date/Time: _____

Provider Email: _____ Fax: _____ Phone: _____

Provider Address: _____

Describe all First Aid / Medical Treatment given: On Site RMWP Shop Provider

Has this Part(s) of Body been injured before? No Yes (Describe including when/frequency)

Additional Details about injury / Illness / Near Miss: _____ Pictures of Event location (**Required**): Yes Txt Sent

Pictures of injury (**Required**): Yes Txt Sent

The Above Report is a true and correct representation of the Injury/Illness/Near Miss to the best of my knowledge I understand that misleading/false information constitutes **fraud** and all incidents will be investigated. I also understand that RMWP has a **return to work program** for accommodating nearly any type of work injury. Please contact Chris 801-633-5255 or Jenn 801-259-2003 with any questions about this form or programs.

Injured Emp. Sign: _____ Date: _____ Witness Sign: _____ Date: _____

Supervisor Sign: _____ Date: _____ RMWP Sign: _____ Date: _____

Life Threatening Injuries call **911** or Poison Control **800-222-1222** Immediately