CAMBRIDGE
Real Estate Services

On the Job Injury/Incident Report - Employee

Instructions: Completed in FULL and submit to Human Resources and Supervisor within 24 hours of the time of the injury or incident.

☐ Injury ☐ Illness ☐ Accident ☐ Near-Miss

Employee Name	Supervisor Name	Social Security Number
Title	Property/ Department	Gender ☐ M ☐ F
Home Mailing Address (Street, City, State, Zip)		Date of Birth

Phone	Work Schedule	Hours Per Pay	Do you have a second job?
	☐ M ☐ T ☐ W ☐ T ☐ F ☐ S ☐ S		☐ Yes ☐ No

Date of Incident	Time of Incident	Time Started Work	Name of Person You Reported Injury/Incident To
	☐ AM ☐ PM	☐ AM ☐ PM	

Location of Incident (Area, Property Name, Street, City, State, Zip)	County

Were other workers injured?	If Yes, Name(s)
☐ Yes ☐ No	

Name of Witness	Witness Phone Number
Name of Witness	Witness Phone Number

What job duties were you performing when the incident occurred? Describe any equipment, tools, and materials being used.

If an injury/illness occurred, explain what led to it.

Describe the injury/illness and what body part(s) were affected (include medical diagnosis if available). ☐ Left ☐ Right

Name of health care provider who treated you for the injury/illness.	Treated in the Emergency Room? ☐ Yes ☐ No
Address of health care provider (Street, City, State, Zip).	Phone Number

Hospitalized Overnight? ☐ Yes ☐ No	If yes, name and address of hospital.	Phone Number

Indicate the working conditions present that may have led to the incident (check all that apply):

☐	Electrical exposure	☐	Safe work practices not followed
☐	Wet/slippery surface	☐	Personal Protective Equipment not used
☐	Poor housekeeping	☐	Failure to request/wait for help when lifting
☐	Chemical exposure	☐	Improper use of tools
☐	Motor vehicle accident	☐	Horseplay
☐	Lack of or poor training	☐	Equipment unguarded or improperly guarded
☐	Defective tools or equipment	☐	Distractions
☐	Poor lighting	☐	Obstructed view
☐	Other:		

How could this incident have been prevented and what changes could be made to eliminate or reduce the hazard(s) above?

The above is true and correct to the best of my knowledge. ☐ I understand that checking this box and typing my name below is the legally binding equivalent to my handwritten signature.	Signature or Typed Electronic Signature	Date