# Introduction

## Disclaimer

*The template is not a legal document and is provided for educational purposes only. Farms are individually responsible for determining whether the template meets compliance requirements of their applicable local, state, or federal laws and regulations. National Milk Producers Federation and the National Dairy FARM Program are not responsible for the content of this template, and under no circumstances shall we have any liability to you for any loss or damage of any kind as a result of the use of the template or reliance on any information provided in the template. Once downloaded by an organization or an individual, this template and their content become the sole property and responsibility of the organization or individual.*

## INSTRUCTIONS

The following template should be tailored by the individual farms to best suit the operation’s needs. This form can be used to track injuries, even minor ones, as well as near misses. This form DOES NOT replace First Report of Injury forms required by workers’ compensation, or any other legally required injury or illness reporting or recordkeeping. Documenting injuries and near misses helps identify trends; however, the documents may be discoverable during litigation. Work with a licensed attorney or safety consultant to understand how best to approach documentation for your operation.

# Employee Safety Incident Reporting Form

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: | | | □ Injury □ Illness □ Near miss | | | | | |
| Employee Name: |  | | | Position: | | |  | |
| Supervisor: | |  | | | | | | |
| Date of injury/near miss: | | |  | | Time: | | | □ A.M. □ P.M. |
| Where, exactly, did it happen? | | |  | | | | | |
| What were you doing at the time of the incident/injury? | | |  | | | | | |
| Describe clearly and in detail what happened/how you were injured (use the back of the page if needed) | | | | | | | | |
|  | | | | | | | | |
| Part(s) of body that was injured (be specific - such as left hand or right thumb). If a near miss, what part(s) of the body could have been hurt? | | | | | | | | |
|  | | | | | | | | |
| What could have been done to prevent this injury/near miss? | | |  | | | | | |
| Describe any First Aid given at the scene of the injury: | | |  | | | | | |
| Did you see a doctor about this injury/illness? | | | □ Yes □ No | | | | | |
| Who did you report the incident/injury to? | | |  | | | | | |
| When did you report the incident/injury? (give date and time): | | |  | | | | | |
| Name all witnesses  (if any): | | |  | | | | | |
| Employee Signature: | |  | | Date: | |  | | |