



# Employee Injury Prevention Report

Confidential

INSTRUCTIONS: For the criteria below, a brief but definite narrative should be written. Be concise and to the point. Support the statement with examples whenever possible.

Employee Name:	Employee #:	Date:
Employee Position:	Terminal/Location:	
Supervisor Completing Report:		Injury Date:
1. Injury Description:		
2. Injury Investigation, what Caused the Injury, Why (3X), How, Who, When:		
3. What Corrective Action Will Take Place to Assure the Injury Does Not Recur? <i>(Include training plan)</i>		
4. Will Discipline Be Necessary to Correct Actions That Lead to the Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What Level of Discipline: <input type="checkbox"/> Verbal Warning <input type="checkbox"/> Warning Letter <input type="checkbox"/> Suspension <input type="checkbox"/> Termination <input type="checkbox"/> Other:		
Supervisor Signature:		

Distribution:

- Original to HR Department/Employee File
- Copy to Employee
- Copy to Supervisor File