

Chippewa Concrete Services, Inc. Injury Report

Employee Name			
Location (Jobsite)			

Date of Injury		Time of Injury	
Did the injury occur while performing a work related activity?			
Describe the injury. What body parts were affected? What kind of injury?			

Describe what was happening when the injury occurred.

Was any first aid given at the scene? If so, what type?

Were there any witnesses? If so, please provide their names.

If patient was transported to hospital or clinic, give the info:	
Name of hospital or clinic	
Medical Provider(s)	
Address	
Phone	

Describe the treatment provided.

Did the employee miss any work?	
If yes, please provide dates	
Has the employee returned to work?	

Additional Notes:	

Date

Employee Signature

Date

Supervisor Signature