WORK PRODUCT-PREPARED IN ANTICIPATION OF LITIGATION

PALM BEACH COUNTY
EMPLOYEE INJURY/ILLNESS REPORT

☐ Preliminary ☐ Final ☐ Revised_____

To be completed by employee's supervisor with Dept./ Div Head concurrence. If additional space is needed or photographs taken, please include with original or supplemental reports.

Employee Information: Name:_____ Job Title:_____

Department: _____ Division / Section: _____

Supervisor Completing Report: _____ Tel Number: _____

Incident Detail: Incident Date: _____ Reported to Supervisor Date: _____ Time:_____ ☐ AM ☐ PM

Was this Incident a result of a vehicle Accident?: ☐ Yes ☐ No If yes, what is the PBC asset number (if applicable)? _____

Description of Incident including how the incident occurred: _____

_____

_____

_____

Location of Incident:_____

Describe the injury/illness including part(s) of body injured: _____

_____

Witnesses (1) Name (print): _____ Phone #:_____

Witnesses (2) Name (print): _____ Phone #:_____

Did the employee seek medical care? ☐ Yes ☐ No If yes, what type? ☐ First Aid ☐ More than first Aid

Where did the employee receive care? ☐ Job Site ☐ PBC Occup. Health Clinic ☐ Other: _____

Action needed to prevent recurrence of this type of incident:_____

_____

_____

_____

If employee was using personal protective equipment what type was he/she using? _____

_____

Are there documented procedures for this task? ☐ Yes ☐ No Is this a regular work task?: ☐ Yes ☐ No

Did the employee exercise correct safety procedures for this task? ☐ Yes ☐ No Comments: _____

Supervisor Completing Report (Print Name/initial):_____ Date_____

Department/Division Head Concurrence (Print Name/initial): _____ Date_____

Department/Division Head Review and Comments:_____

_____

Department/Division Head Concurrence (Print Name/initial): _____ Date_____

Employee Signature:_____ Date_____

Employee Comments: _____

_____

IMPORTANT: After completing this form it MUST be PRINTED and sent to the following distribution:

Clinic **Employee Safety/Loss Control** **Employee Dept.** **Employee**

Rev. 07/26/10