



MARION EYE CENTER & Optical

Employee Injury/Incident Report

EMPLOYEE NAME _____

HOME STORE LOCATION _____ JOB POSITION _____

EMPLOYEE'S IMMEDIATE SUPERVISOR _____

STORE LOCATION WHERE INCIDENT TOOK PLACE _____

SUPERVISOR AT TIME INCIDENT HAPPENED _____

DATE OF INCIDENT _____ TIME OF INCIDENT _____ TIME EMPLOYEE'S WORKDAY BEGAN _____

WAS THE EMPLOYEE INJURED? YES NO UNKNOWN

IF YES or UNKNOWN, DESCRIBE THE NATURE OF THE INJURY AND ANY BODY PARTS AFFECTED _____

WAS MEDICAL ATTENTION REQUIRED IMMEDIATELY? YES NO

IF SO, DESCRIBE WHAT KIND AND WHERE IT TOOK PLACE: _____

WAS MEDICAL ATTENTION SOUGHT 24 HOURS OR MORE AFTER INCIDENT? YES NO

IF SO, REASON FOR DELAY: _____

WHERE AND DIAGNOSIS: _____

HOW LONG AFTER INCIDENT? _____

ACCOUNT OF INCIDENT:

WITNESS(ES): _____

SPECIFIC LOCATION ON SITE WHERE INCIDENT OCCURRED: _____

MACINERY OR EQUIPMENT INVOLVED AND NATURE OF INVOLVEMENT: _____

SEQUENCE OF EVENTS LEADING UP TO AND INCLUDING INCIDENT: _____

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR'S SIGNATURE _____ DATE _____