

RYCO JOB SITE INJURY REPORT

Date of Report: _____ Date Incident Reported to Management _____

Foreman's Name _____ By Whom: _____

Injured Party's Name: _____ Injury Date: _____ Time: _____

Job Name: _____ Job Address: _____

Injured Party's Occupation: _____ Shift Start Time: _____

What was the nature of the injury? What part of body was affected?

What was the injured doing at the time of the injury?

Was any personal protective equipment in use (Safety glasses or hard hat)? _____

What was the apparent cause of the injury, if known? _____

Were there any witnesses? Yes/No If so, Name: _____

What (if any) tools/materials/equipment were involved? _____

Who Owned tools/materials/equipment used? _____

Were there any defects with tools/materials/equipment? _____

(Take Pictures if necessary)

Did the tools/materials/equipment remain in service? _____

Will the tools/materials/ equipment need to be repaired? _____

Describe the unsafe act and/or condition and how it could be corrected: _____

Was injured party taken to a Hospital/Emergency Care Center? Yes/No

Facility Name: _____

When did the injured person return to work and/or when is the expected date of return? _____

Job Site Foreman Signature: _____ Date: _____

Injured Worker Signature: _____ Date: _____

Date Reported to Insurance Provider: _____

Reported by: _____
