

PLASTICS MOLDING COMPANY

INJURY REPORTING & FOLLOW-UP FORM

PART I (complete within 24 hours - or as soon as possible - after the injury):

NAME OF INJURED EMPLOYEE:	DATE OF THE INJURY:	TIME OF THE INJURY:
DESCRIPTION OF THE INJURY:		
DESCRIPTION OF THE IMMEDIATE CAUSE OF THE INJURY (WHAT HAPPENED?):		
DESCRIBE THE TREATMENT PROVIDED TO THE INJURED EMPLOYEE:		

PART II (complete within 24 hours of the employee's return to work):

DESCRIBE THE BASIC CAUSE OF THE INJURY (UNDERLYING/ROOT CAUSES CONTRIBUTING TO THE INJURY):		
PLANS TO PREVENT RECURRENCE OF THE INJURY:		
ACTION STEP(S):	RESPONSIBILITY:	TGT. COMPLETION DATE:

INJURED EMPLOYEE

PERSON COMPLETING THE FORM

GENERAL MANAGER

CC: General Manager
 Shift Supervisor's file
 Personnel Manager
 Office Manager