### Injury/Incident Review Form

**Employee Name:**

**Date of Injury:**

**Date Reported to Supervisor:**

**Length of Service:**

**Time in Job:**

**Nature of Injury:**

**Unsafe act/unsafe condition:**

**Employee’s account of what happened:**

**Employee’s suggestions for corrective measures:**

**Employee’s perspective on how to possibly prevent future injuries:**

**Supervisor’s perspective on how to possibly prevent future injuries:**

**Modified duty used/followed:**

**What are the restrictions?**

**What does the employee do that may affect restrictions? (Hobbies, hunting, etc.)**

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

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Employee view of modified duty process (if currently being used): ____________________________________________

Corrective action suggested: ____________________________________________________________

Assigned to: _______________________________________________________________________

Pend for follow-up: __________________________________________________________________________

Supervisor: ____________________________________________________________________________

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