

Report of Injury Form

Instructions: Climate Corps Fellows shall use this form to report all work-related injuries or illnesses. This form shall be completed by the Climate Corps Fellow as soon as possible and submitted to Sydney Tolliver at stolliver@cbtrust.org.

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness	
Your Name:	
Job title:	
Supervisor:	
Have you told your supervisor about this injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury:	Time of injury:
Names of witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury.	
What could have been done to prevent this injury?	
What parts of your body were injured?	
Did you see a doctor about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Supervisor:
Your signature:	Date: