

Report of Injury Form

**Instructions**: Corps Members shall use this form to report all work-related injuries or illnesses. This form shall be completed by the Corps Member as soon as possible and submitted to Hayley Rost at hrost@cbtrust.org.

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| I am reporting a work related: 􀂉 Injury 􀂉 Illness  |
| Your Name: |
| Job title: |
| Supervisor: |
| Have you told your supervisor about this injury? 􀂉 Yes 􀂉 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? 􀂉 Yes 􀂉 No |
| If yes, whom did you see?  | Doctor’s phone number: |
| Date: | Time: |
| Has this part of your body been injured before? 􀂉 Yes 􀂉 No |
| If yes, when? | Supervisor: |
| Your signature: | Date: |