



COLLEGE
of the **DESERT**

43-500 MONTEREY AVENUE, PALM DESERT, CA 92260 (760) 773-2528

EMPLOYEE STATEMENT OF INJURY/INCIDENT

INJURY/ILLNESS INFORMATION

Name of Injured Employee:

Date of Injury/Incident:

Time:

Where did injury/incident occur? (Be specific, including building & room number, if applicable)

What equipment, materials or chemicals were being used?

In your opinion what body part(s) were injured?

In your opinion who or what caused the injury/incident?

Was there anything that could have been done to prevent the injury?

OTHER WITNESSES

Were there any witnesses? ☐ No ☐ Yes (if yes please provide the names below)

EMPLOYEE SIGNATURE

I declare that the foregoing is true and correct.

(Signature)

(Please Print Name)

Date