Employee Reporting Forms

All forms are also available on WORKERS.COM at:
https://www.workers.com/jobs/documents/

_____

Injury & Incident Report Form

Employee Name: _____

Date of Incident: _____

Time of Incident: _____

Client Name: _____

Location of Incident: _____

Description of Incident:

_____

_____

_____

Witnesses:

_____

_____

Type of Injury:

☐ Cut

☐ Burn

☐ Strain

☐ Sprain

☐ Fracture

☐ Exposure

☐ Other

Medical Treatment Required?

☐ Yes

☐ No

Reported To Client Supervisor?

☐ Yes

☐ No

Reported To WORKERS.COM?

☐ Yes

☐ No

Employee Signature: _____

Date: _____

_____

Near Miss Report Form

Date: _____

Location: _____

Description of Near Miss:

_____

_____

_____

Potential Injury or Damage That Could Have Occurred:

_____

_____

Corrective Actions Recommended:

_____

_____

Employee Signature: _____

Date: _____

_____

Expense Reimbursement Request Form

Employee Name: _____

Date Submitted: _____

Expense Type:

☐ Mileage

☐ Parking

☐ Tolls

☐ Cell Phone

☐ PPE

☐ Authorized Supplies

☐ Other

Date Expense Incurred: _____

Amount Requested: _____

Business Purpose:

_____

_____

Supporting Documentation Attached?

☐ Yes

☐ No

Employee Signature: _____

Date: _____

_____

PPE Acknowledgment Form

Employee Name: _____

I acknowledge that I have received training regarding required personal protective equipment.

I understand my responsibility to:

- Wear required PPE
- Maintain PPE
- Inspect PPE
- Report damaged PPE

Required PPE Received:

☐ Hard Hat

☐ Safety Glasses

☐ Gloves

☐ Hearing Protection

☐ Safety Vest

☐ Respirator

☐ Other

Employee Signature: _____

Date: _____

_____

Powered Industrial Equipment Certification Verification

Employee Name: _____

Equipment Type:

☐ Forklift

☐ Reach Truck

☐ Order Picker

☐ Aerial Lift

☐ Scissor Lift

☐ Other

Certification Verified By:

_____

Verification Date:

_____

Expiration Date:

_____

Authorized For Assignment?

☐ Yes

☐ No

Authorized By:

_____

Signature:

_____

_____

Meal & Rest Period Exception Report

Employee Name: _____

Date: _____

Client Assignment: _____

Issue:

☐ Missed Meal Period

☐ Late Meal Period

☐ Interrupted Meal Period

☐ Missed Rest Break

☐ Interrupted Rest Break

Explanation:

_____

_____

Supervisor Notified?

☐ Yes

☐ No

Employee Signature: _____

Date: _____

_____

Employee Complaint Form

Employee Name (Optional): _____

Date: _____

Nature of Complaint:

☐ Payroll

☐ Harassment

☐ Safety

☐ Attendance

☐ Client Concern

☐ Assignment Concern

☐ Other

Description:

_____

_____

_____

Requested Resolution:

_____

_____

Signature (Optional): _____

_____

Harassment Complaint Intake Form

Complainant Name:

_____

Respondent Name:

_____

Date(s) of Incident:

_____

Location(s):

_____

Description:

_____

_____

_____

Witnesses:

_____

_____

Requested Follow-Up:

_____

_____

Employee Signature:

_____

Date:

_____

_____

Workplace Violence Incident Report

Reporting Employee:

_____

Date:

_____

Location:

_____

Type of Incident:

☐ Threat

☐ Physical Violence

☐ Intimidation

☐ Stalking

☐ Property Damage

☐ Other

Description:

_____

_____

_____

Police Contacted?

☐ Yes

☐ No

Immediate Action Taken: