

EMPLOYEE'S FIRST REPORT OF INJURY (SF-3)

INSTRUCTIONS Using this form, employees shall report all work-related accidents, injuries, illnesses, or unplanned events which could have resulted in an injury or illness. Once completed, this form shall be given to the GTS Project PM, Lead or Senior Employee for next steps. Project PMs, Leads or Senior Employees must ensure that the 5 Ws (who, what, where, when and why) are covered on this form and the form is submitted to GTS Corporate Safety Manager and HR Coordinator ASAP.

I AM REPORTING A WORK RELATED:	INJURY	ILLNESS	NEAR MISS
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EMPLOYEE NAME	DIRECT SUPERVISOR NAME	DATE OF REPORT

JOB TITLE	Has your supervisor been made aware of this incident?

PROJECT NAME	GTS PM, LEAD OR SE NAME

LOCATION OF INCIDENT	DATE OF INCIDENT	TIME

WITNESSES and Contact Info (if any)

INCIDENT DESCRIPTION Describe tasks being performed and sequence of events. *Attach additional pages as necessary.*

[Type here]

What could have been done to prevent this injury / near miss?

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What parts of your body were injured? If a near miss, how could you have been hurt?

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Was medical treatment necessary?		IF YES, NAME OF HOSPITAL / PHYSICIAN:	
YES	NO		
DATE OF VISIT	TIME OF VISIT	HOSPITAL / PHYSICIAN PHONE	

Has this part of your body been injured before?	YES	NO	If YES, when?	
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Do you have other employment?	YES	NO	Company Name	
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EMPLOYEE SIGNATURE	DATE	PM, Lead or SE SIGNATURE	DATE