

# Ingham County Employee Incident Report

*For Reporting Work-Related Injuries/Illnesses*

Use this form when reporting an incident which has or could have caused injury/illness to an employee. Reports should be submitted to the Benefits/Leave Analyst in Human Resources within 24 hours of the incident. Serious incidents involving amputation (even loss of a fingertip), loss of an eye, and/or in-patient hospitalization must be reported to MIOSHA within 24 hours of the incident. Incidents involving a fatality must be reported to MIOSHA within 8 hours of the incident. See the Ingham County Occupational Illness & Injury Reporting policy for reporting guidance.

<b>Employee Name:</b>			
<b>Employee #:</b>		<b>Sex:</b> Female      Male	
<b>Job Title:</b>		<b>Department:</b>	
<b>Home Address (Street, City, State, Zip):</b>			
<b>Home/Cell #:</b>		<b>Work #:</b>	
<b>Date of Birth:</b>	<b>Date of Hire:</b>		<b>Date of Incident:</b>
<b>Location of Incident:</b>		<b>Time of Incident:</b> AM      PM	
<b>Time Shift Began:</b> AM      PM		<b>Nature of Injury (i.e. burn, cut, strain):</b>	
<b>Body Part(s) Injured (i.e. right arm, left leg):</b>			
<b>Explain How Incident Happened (attach additional documents if needed, list device type/brand for BBP exposures):</b>			
<b>Name/Phone Number of Witnesses (if any):</b>			
<b>Medical Treatment Received:</b> Yes      No		<b>Date of Treatment:</b>	
<b>Treatment Location:</b> Sparrow ER      Sparrow Occupational Health      Sparrow Urgent Care			
<b>Date Employee Reported Incident:</b>		<b>Employee Have Second Employer:</b> Yes      No	
<b>Supervisor's Name:</b>		<b>Supervisor's Work #:</b>	
<b>Supervisor's Signature:</b>			
<b>Form Completed By:</b>			<b>Date Completed:</b>

If you have any questions about completing this form, contact Steph Keith, Benefits/Leave Analyst in Human Resources at 517-272-4187 or [skeith@ingham.org](mailto:skeith@ingham.org).