

Mission Mountain Enterprises
Injury Report Investigation
Please fill out promptly after receiving Injury Report Form

Injured Employee: _____

Date report received: _____ **Initials:** _____

Witness: Yes No

Comments from witness: *Circumstances surrounding incident*

Time off required: Yes No **Approximate Length:** _____

Policy and Procedure followed: _____

Proper Lifting followed: _____

Special Procedures followed: _____

If consumer involved any procedures not followed that could of prevented incident.

Reason to question incident: Yes No

Comment:

Manager's Signature: _____ **Date:** _____