



dba MWIA Insurance Services in CA
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TRUCKING INDUSTRY EMPLOYEE INJURY WORKSHEET

Date of Injury	Injured Employee
Employer	Name of Person Completing this Worksheet

Describe what happened in as much detail as possible.

What similar incidents have there been in the past?

What factors contributed to this incident (wet floor, poor visibility, employee in a hurry, inappropriate footwear, defective equipment, failure to wear personal protective equipment, etc.). Please be as specific as possible.

What has management done in the past in an effort to prevent incidents such as this?

What actions can be taken by management in the future to prevent similar incidents? (Also - what is your target date?)

This form is intended to serve as a tool to assist you in preventing future similar incidents. It cannot be used as a substitute for the proper state injury reporting form for reporting work-related injuries. Submitting this form using the "SUBMIT" button below will send a copy of the completed form to the the loss control staff of Midwestern Insurance Alliance. Although submitting this report is optional, it enables our loss control staff to direct you to resources that you can use to prevent future similar incidents.