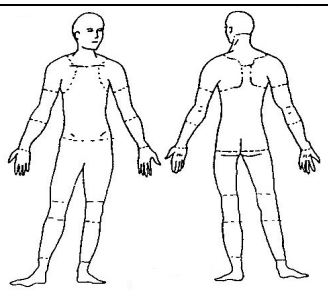
EMERALD QUEEN EQC CASINO & HOTEL
PUYALLUP TRIBE OF INDIANS

TEAM MEMBER INJURY/INCIDENT REPORT

EMPLOYEE TO COMPLETE THE FOLLOWING	
Injured Team Member (Last, First, MI):	Badge #:
Job Title: Department:	☐F/T ☐P/T ☐EB
Location: ☐Fife ☐Tacoma Shift Hours:	
INCIDENT DETAILS	
Date of the Incident:	Time of Incident:
Location of Incident (be specific):	
Were there any witnesses: ☐YES ☐NO Name(s):	
Was this an: ☐Injury ☐ Illness	
What part of your body did you injure (be specific):	☐Right ☐Left
Has this part of your body been injured before (if so, explain)	
Was First Aid applied: ☐YES ☐NO If so by whom?	
Where did the Incident Occur (specific area/location):	
Describe the Incident and the events leading up to the injury (objects/substance involved, how incident occurred, etc.):	
Please describe injury (be specific in naming any and all body parts that were affected as well as the degree of injury):	

Nature of injury: (most serious)

- ❑ Abrasion, scrapes
- ❑ Broken bone
- ❑ Bruise
- ❑ Burn (heat)
- ❑ Burn (chemical)
- ❑ Concussion (to the head)
- ❑ Crushing Injury
- ❑ Cut, laceration, puncture
- ❑ Illness
- ❑ Sprain, strain
- ❑ Other _____



(circle any and all body parts that were affected by the injury or illness)

Team Member Signature:	Date:

SUPERVISOR TO COMPLETE THE FOLLOWING	
Supervisor Name:	Contact number:
Time team member started work:	Departed work:
Supervisor was notified at (Time):	on (Date):
Were they transported to the hospital? ■ YES ☐NO	Remained at work? ☐ YES ☐NO
Was the Safety Dept. notified? ■ YES ☐NO	Was Human Resources notified? ☐ YES ☐NO
What action was taken to prevent this from happening again:	

SAFETY DEPARTMENT TO COMPLETE THE FOLLOWING	
OSHA Log: ■ YES ☐NO Investigated by:	Date:
Investigation results:	