Employee Injury Report

Employee Information

Full Name:

Employee ID:

Department:

Job Title:

Contact Number:

Incident Details

Date of Incident:

Time of Incident:

Location of Incident:

Describe the Incident:

Injury Information

Type of Injury:

Body Part(s) Affected:

Was First Aid Provided?

Select ▼

If yes, describe treatment given:

[   ]

Witness Information

Name(s) of Witness(es):

[   ]

Contact Information:

[   ]

Report Completion

Reported By:

[   ]

Date:

[   ]

Important Notes

- This report should be completed as soon as possible after an incident occurs.
- Ensure all details are accurate and comprehensive to aid in future investigations.
- This report may be used to meet workplace safety, insurance, and legal requirements.
- All personal information must be handled according to privacy and confidentiality policies.
- Retain copies of this report according to company record-keeping procedures.