

Employee Injury Incident Report

Employee Information

Employee Name

Employee ID

Department

Position / Title

Incident Details

Date of Incident

Time of Incident

Location of Incident

Describe What Happened

Injury Information

Type of Injury

Part(s) of Body Injured

Severity of Injury

Select

First Aid Given?

Select

Was Further Medical Attention Required?

Select

Witness Information

Name(s) of Witness(es)

Supervisor Review

Date Reported

Supervisor Name

Actions Taken / Recommendations

Important Notes

- Report all workplace injuries immediately, regardless of severity.
- Complete this form as soon as possible after the incident.
- Ensure accuracy and honesty in all information provided.
- This document may be used for insurance, legal, and safety improvement purposes.
- Keep a copy of the completed report for your records.