

# Staff Injury Incident Report Form

## Staff Member Details

Full Name

Job Title

Department

Date of Birth

## Incident Details

Date of Incident

Time of Incident

Location of Incident

Description of Incident

Cause of Incident

## Injury Details

Nature of Injury

Part(s) of Body Injured

First Aid Administered

Treatment/Action Taken

### **Witness(es) Details**

Name(s) of Witness(es)

Contact Details of Witness(es)

### **Reporting Details**

Name of Person Reporting

Date of Report

Signature