

Employee Injury Incident Report

Employee Information

Name

Employee ID

Department

Job Title

Supervisor

Incident Details

Date of Incident

Time of Incident

Location

Describe what happened

Describe injuries sustained

Immediate action taken

Witness Information

Name(s) of Witness(es) (if any)

Witness Statement(s)

Additional Information

Other relevant information

Employee Signature

Date

Supervisor Signature

Date
