

# Occupational Injury Incident Report Form

## Employee Information

Name

Employee ID

Department

Job Title

Supervisor

## Incident Details

Date of Incident

Time of Incident

Location

Describe the Incident

## Injury/Illness Details

Nature of Injury/Illness

Part of Body Affected

Was First Aid Given?

If Yes, By Whom and What Treatment

## Witness Information

Witness Names (if any)

## Additional Information

Additional Comments/Remarks

Report Completed By

Date