

Employee Injury Incident Report

Employee Details

Full Name:

Employee ID / Position:

Department:

Contact Number:

Incident Details

Date of Incident:

Time of Incident:

Location:

Witnesses (if any):

Type of Injury:

Body Part Affected:

Description of Incident

Describe what happened...

Immediate Action Taken

First aid, reporting, medical attention, etc.

Additional Comments

Optional

Employee Signature

Date

Supervisor Signature

Date

