

# 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

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Supervisor Signature

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