

# Workplace Injury Incident Log Template

## Incident Details

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location: \_\_\_\_\_

Department: \_\_\_\_\_

Reported By: \_\_\_\_\_

## Employee Details

Employee Name: \_\_\_\_\_

Employee ID/Job Title: \_\_\_\_\_

Contact Information: \_\_\_\_\_

## Injury Details

Description of Injury: \_\_\_\_\_

Part(s) of Body Injured: \_\_\_\_\_

Type of Injury: \_\_\_\_\_

Severity:  Minor  Moderate  Severe

## Incident Description

Brief Description of How Incident Occurred:

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## Witnesses

Witness Name(s) & Contact Details: \_\_\_\_\_

## Action Taken

First Aid Provided:  Yes  No By Whom: \_\_\_\_\_

Medical Treatment Required:  Yes  No

Reported to Supervisor:  Yes  No

## Additional Notes

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## Incident Log Table

Date	Employee Name	Incident Description	Injury Type	Severity	Action Taken

Supervisor/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_