

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:

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

Incident Log Table

Date	Employee Name	Incident Description	Injury Type	Severity	Action Taken

Supervisor/Manager Signature: _____ Date: _____