

Employee Injury Incident Report

Employee Information

Name

Employee ID

Department

Job Title

Supervisor

Incident Information

Date of Incident

Time of Incident

Location

Witnesses (if any)

Name(s) and contact info

Incident Description

Injury Details

Type of Injury

e.g., cut, burn, sprain

Body Part Affected

Severity

e.g., Minor, Moderate, Severe

Treatment Given

Additional Comments

Report Completed By

Date