

Occupational Illness and Injury Reporting Template

Employee Information

Employee Name

Employee ID

Department

Job Title

Incident Details

Date of Incident

Time of Incident

Location

Type of Incident

Select

Describe the Incident

Injury/Illness Details

Nature of Injury/Illness

Body Part(s) Affected

Treatment Provided

Witnesses (if any)

Witness Name(s)

Reported By

Name

Date