

Equipment Malfunction Injury Incident Report

Report Date

Incident Date & Time

1. Injured Person Details

Name

Employee ID

Department

Position

2. Incident Location

Specific Location

Area/Section

3. Equipment Information

Equipment Name

Equipment ID/Serial Number

Manufacturer

4. Injury Details

Description of Injury

Body Part(s) Injured

Severity

Select Severity

5. Incident Description

Describe What Happened

Describe Equipment Malfunction

6. Immediate Actions Taken

Actions Taken Immediately After Incident

7. Witness Information

Names & Contact Details of Witnesses

8. Reported By

Name

Contact

Signature