

Incident Documentation: Employee Burn Injury

Employee Information

Name

Employee ID / Number

Department / Location

Position / Job Title

Incident Details

Date of Incident

Time of Incident

Exact Location

Description of Incident

Describe what happened...

Suspected Cause

Injury Details

Type of Burn (e.g., thermal, chemical)

Affected Body Part(s)

Severity (e.g., first-degree, second-degree)

Medical Attention Provided?

Follow-up Actions

Immediate Actions Taken

Recommendations / Preventive Measures

Additional Notes

Reported By

Date