

Worker Injury Incident Report Form

Date of Incident**Time of Incident****Location of Incident**

E.g. Worksite section, address

Injured Worker's Name**Worker's Position/Role****Supervisor Name****Description of Incident**

Describe exactly what happened

Type of Injury

E.g. Laceration, sprain, etc.

Part of Body Injured

E.g. Left arm, back, etc.

Witnesses (Names & Contact Information)**Immediate Action Taken**

First aid, medical attention, etc.

Recommended Follow-Up Actions

Reported By (Name)

Date of Report