

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