

Workplace Injury Incident Report Form

Date of Report

Employee Name

Employee ID

Job Title

Supervisor Name

Date of Incident

Time of Incident

Location of Incident

Describe the Incident

Type of Injury (e.g. cut, fracture, sprain)

Body Part(s) Injured

Was First Aid Provided?

Were Emergency Services Called?

Names of Witnesses (If any)

Corrective Actions Taken or Recommended

Reported By