

Workplace Injury Incident Report

Basic Information

Date of Incident

Time of Incident

Location

Injured Person Details

Name

Employee ID

Designation/Department

Incident Description

Describe the incident

Nature of Injury

Body part(s) affected

Immediate Action Taken

Details of first aid or treatment given

Witness Information

Name(s) of Witness(es)

Separate multiple names with commas

Reported By

Name

Position

Date