

# Workplace Injury Incident Report

## Basic Information

Date of Incident

Time of Incident

Location

Factory floor, department, etc.

## Injured Person Details

Name

Employee ID

Designation/Department

## Incident Description

Describe the incident

Provide a brief account of what happened

Nature of Injury

E.g., laceration, fracture, burn

Body part(s) affected

E.g., left hand, right foot

## Immediate Action Taken

Details of first aid or treatment given

Describe first aid or assistance provided

## Witness Information

Name(s) of Witness(es)

Separate multiple names with commas

## Reported By

Name

Position

Date