

Workplace Injury Incident Report

Incident Details

Date of Incident

Time of Incident

Location of Incident

Person Reporting

Injured Person Information

Name

Job Title

Department

Incident Description

Describe What Happened

Nature of Injury

Body Part(s) Affected

Cause of Injury (if known)

Immediate Actions Taken

First Aid/Administered Actions**Witnesses (Name & Contact)****Supervisor Review****Supervisor Name****Supervisor Comments / Follow-up Actions**