

# Workplace Injury Incident Report

## Employee Information

Employee Name

Employee ID/Number

Job Title

Department

## Incident Details

Date of Incident

Time of Incident

Location of Incident

Description of Incident

Apparent Cause of Incident

## Injury Information

Type of Injury

Part of Body Affected

Severity of Injury

Medical Treatment Provided

Witnesses

Names & Contact Information

Reported By

Name

Title

Date

Signature