

# 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**