

# Workplace Injury Incident Report

**Date of Report:** [Insert Date]

**Incident Date:** [Insert Date]

**Employee Name:** [Insert Employee Name]

**Employee ID:** [Insert Employee ID]

**Department:** [Insert Department]

## Incident Details

**Location of Incident:** [Insert Location]

**Description of Incident:**

[Insert detailed description of the incident]

## Injuries Sustained

**Description of Injuries:** [Insert injuries description]

## Witnesses

**Witness 1:** [Insert Name and Contact Information]

**Witness 2:** [Insert Name and Contact Information]

## Actions Taken

[Describe any immediate action taken following the incident]

## Reporting Supervisor

**Name:** [Insert Supervisor Name]

**Signature:** \_\_\_\_\_

## Additional Comments

[Insert any additional comments or information related to the incident]

**Report submitted by:** [Your Name]

**Date:** [Insert Date]