

# Contractor Injury Report

**Date:** [Insert Date]

**Project Name:** [Insert Project Name]

**Contractor Name:** [Insert Contractor Name]

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

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## Details of the Incident

### Description of Incident:

[Insert a detailed description of the incident including what happened, how it happened, and any other relevant details.]

### Injury Description:

[Insert details of the injury sustained by the contractor.]

### Immediate Actions Taken:

[Insert a summary of the immediate actions taken following the injury, including first aid provided, medical attention requested, etc.]

### Witnesses:

- [Witness Name and Contact Information]
  - [Witness Name and Contact Information]
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## Report Prepared By

**Name:** [Insert Your Name]

**Title:** [Insert Your Title]

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

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