

EMPLOYEE INJURY/INCIDENT REPORT

Employee Name _____

Department _____ **Job Title** _____

Date of Accident _____

Time employee's workday started _____

Time of Accident _____

Nature of Injury _____

Part(s) of Body Affected _____

**Describe accident (location, machinery/equipment
Involved and sequence of events leading to injury)**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Medical Attention required? **Yes** **No**
(if yes, what and where?)

_____	_____
_____	_____
_____	_____
_____	_____

Witness(s): _____

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____