Employee Incident Report

Complete as soon as possible after any workplace injury or near-miss. Accurate, prompt reporting protects the employee and the company.

EMPLOYEE & EMPLOYER

EMPLOYEE NAME

JOB TITLE

EMPLOYER / LOCATION

SUPERVISOR

DATE OF HIRE

PHONE

SHIFT / HOURS

THE INCIDENT

DATE OF INJURY

TIME OF INJURY

AM / PM

DATE REPORTED TO EMPLOYER

REPORTED TO (NAME)

EXACT LOCATION WHERE IT HAPPENED

DESCRIBE WHAT HAPPENED (WHAT WERE YOU DOING, WHAT WENT WRONG)

INJURY DETAILS

BODY PART(S) INJURED

NATURE OF INJURY (CUT, STRAIN, FRACTURE…)

OBJECT / EQUIPMENT INVOLVED

WAS PPE IN USE? Y / N

This template is a practical employer resource, not legal advice. Consult counsel for your jurisdiction.

Employee Incident Report

Page 2 of 2 — witnesses, treatment, and signatures.

WITNESSES

WITNESS 1 NAME _____ PHONE _____

WITNESS 2 NAME _____ PHONE _____

☐ No witnesses to the incident

MEDICAL TREATMENT

☐ No treatment sought
☐ First aid only
☐ Clinic / urgent care — provider: _____
☐ Emergency room — facility: _____

DID EMPLOYEE RETURN TO WORK SAME DAY? Y / N _____ IF NO, LAST DAY WORKED _____

CERTIFICATION

I certify that the information above is true and complete to the best of my knowledge.

Employee signature / date _____ Supervisor signature / date _____

This template is a practical employer resource, not legal advice. Consult counsel for your jurisdiction.