

Employee Incident Report

Injured Employee Name _____

Department _____ Date of Occurrence ____ / ____ / ____

Location of Accident _____

Time AM PM _____ Date Reported ____ / ____ / ____

Witness(es)

Describe how the accident occurred. Include all pertinent facts and conditions contributing to accident.

Extent of injuries sustained, if known.

Describe corrective actions taken to prevent recurrences of this accident type.

Manager/Supervisor Signature _____ Date ____ / ____ / ____