



## EMPLOYEE INCIDENT REPORT

*(Please print clearly and be specific when describing your injury)*

Company: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Injured Employee's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ DOB: \_\_\_\_\_ SS: \_\_\_\_\_

Date and time of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_: \_\_\_\_ am/pm.

Exact location of incident: \_\_\_\_\_

### Description of Incident

(Describe exactly how incident occurred and if an injury resulted, state exact part(s) of body injured and nature of injury)

Statement of injured employee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there any witnesses? Yes [ ] No [ ] If yes, list below:

### Employees:

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_

### Other:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Employee: \_\_\_\_\_

