



# Injury/ Incident Report Form

This form is to be forwarded to the manager on duty within **48 hours** of an injury or an incident occurring.

## EMPLOYEE INCIDENT INFORMATION

**Name:**

**Department:**

**Phone Number:**

## DESCRIPTION OF INCIDENT

**Location of incident:**

**Date of Incident:**

**Time:**

**Was medical treatment provided?**    Yes    No

**Witnesses:**

**Injuries sustained:**

**Describe in full how the incident occurred:**

**Follow up action:**

**Employee Singnature:** \_\_\_\_\_

**Date:** \_\_\_\_\_