

Employee First Report of Injury

Instructions: Complete the information below to include what happened, what caused the incident and what were the contributing factors to the incident.

Injured Employee Data

Employee Name		Title	Work Phone Number
Date of Incident	Time of Incident <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Weather Conditions	
Location			
Supervisor		Supervisor Telephone Number	Supervisor Email

Incident Description:

1. Where did the incident happen? Provide a full description of the surroundings of the location.

2. Describe the injury. Include the affected body part(s) and injury type or indicate no injury occurred.

Additional Information

Provide any additional information important to the investigation (pictures taken, evidence collected).

Recommended corrective actions to prevent future injuries

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Employee Signature	Review Date

