

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:** _____

