Employee Injury Incident Report Record Form

This **employee injury incident report** record form sample is designed to accurately document any workplace injuries, ensuring proper incident tracking and compliance with safety regulations. It provides a clear structure for reporting details, causes, and immediate actions taken. Using this form helps promote a safer work environment by facilitating timely response and preventive measures.

Employee Information	
Name:	
Employee ID/Number:	
Department:	
Job Title:	

Incident Details	
Date of Incident:	
Time of Incident:	
Location of Incident:	
Description of Incident:	
Cause of Injury:	
Nature & Extent of Injury:	

Immediate Actions Taken	
First Aid/Medical Attention Provided:	
Name of First Aid/Responding Personnel:	
Was Emergency Services Called?	○ Yes ○ No

Reporting & Investigation	
Name(s) of Witness(es):	
Incident Reported To:	

Preventive/Corrective Measures Recommended:	

Signatures & Date

Employee Signature:	
Supervisor/Manager Signature:	
Date:	

Submit Report