

# Employee Injury Incident Report Log Form

This **employee injury incident report log form sample** provides a structured template to document workplace injuries efficiently and accurately. It helps employers track incidents, ensuring compliance with safety regulations and facilitating timely medical intervention. Using this form promotes a safer work environment by identifying hazards and preventing future accidents.

## Incident Details

Date of Incident	
Time of Incident	
Location of Incident	
Department	

## Employee Information

Employee Name	
Employee ID	
Job Title	
Supervisor Name	

## Injury Details

Type of Injury	
Body Part(s) Affected	
Describe the Injury	

## Incident Description

Describe How the Incident Happened	
Witness(es)	Name(s), contact (if any)

## Medical Action

First Aid Provided?	<input type="checkbox"/> Yes
Medical Treatment Required?	<input type="checkbox"/> Yes
Medical Provider	

Time Spent Off Work	
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### Corrective Actions / Preventive Measures

<b>Actions Taken or Recommendations</b>	
<b>Supervisor's Signature</b>	
<b>Date</b>	