

# 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	<input type="text"/>
Time of Incident	<input type="text"/>
Location of Incident	<input type="text"/>
Department	<input type="text"/>

## Employee Information

Employee Name	<input type="text"/>
Employee ID	<input type="text"/>
Job Title	<input type="text"/>
Supervisor Name	<input type="text"/>

## Injury Details

Type of Injury	<input type="text"/>
Body Part(s) Affected	<input type="text"/>
Describe the Injury	<input type="text"/>

## Incident Description

Describe How the Incident Happened	<input type="text"/>
Witness(es)	<input type="text" value="Name(s), contact (if any)"/>

## Medical Action

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

<b>Time Spent Off Work</b>	<div></div>
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**Corrective Actions / Preventive Measures**

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