

# Injury / Illness Report

## Incident Details

Date of Incident\*: \_\_\_\_\_  
 Time of Incident\*: \_\_\_\_\_  
 Location of Incident\*: \_\_\_\_\_  
 Description of Incident\*: \_\_\_\_\_  
 \_\_\_\_\_  
 Immediate Actions Taken\*: \_\_\_\_\_  
 \_\_\_\_\_

## Injured Person

Full Name\*: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_

Reason for Injury/Illness\*: \_\_\_\_\_ > Options: Strain/Sprain, Cut/Laceration, Bruise/Contusion, Fracture, Burn, Illness, Other  
 Affected Body Part\*: \_\_\_\_\_ > Options: Head, Eye, Ear, Face, Neck, Shoulder, Arm, Elbow, Hand, Finger, Chest, Back, Abdomen, Hip, Leg, Knee, Ankle, Foot, Toe, Internal, Other  
 Treatment Given\*: \_\_\_\_\_ > Options: First Aid On-Site, Sent to Clinic, Sent to Hospital, Refused Treatment, Other

Lost Time Expected or Incurred

## Witnesses

Witness List:

Name	Contact Number	Statement Summary

## Additional Information

Reported to Supervisor

Severity Classification\*: \_\_\_\_\_ > Options: Minor, Moderate, Serious, Fatal