

# Housekeeping Injury Report Form

## Employee Information

Employee Name

Employee ID

Department

Position

Date of Incident

Time of Incident

## Incident Details

Location of Incident

Describe What Happened

Type of Injury

Part of Body Injured

Treatment Given (if any)

## Witness Information

Witness Name(s)

Witness Contact

## Supervisor Review

Supervisor Name

Comments/Action Taken