

Workersâ€™™ Injury Report

Date of Report

Reported By

Worker's Name

Position/Job Title

Date of Injury

Time of Injury

Location of Incident

Description of Incident

Nature of Injury (body part affected, type of injury, etc.)

Describe What the Worker Was Doing

Witnesses (Names & Contact Information)

Immediate Actions Taken

Was Medical Attention Provided?

If Yes, Where?

Additional Notes

