Employee Injury Incident Report (Manufacturing)

Date of Incident	
Time of Incident	
Location	
Employee Name	
Job Title	
Department	
Describe the Incident	
Describe the Injury	
What task was being performed?	
NA/itenance (if am.)	
Witnesses (if any)	
Immediate Action Taken	
Was medical attention required?	
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Supervisor Notified	
Date/Time Supervisor Notified	
Date, Time Supervisor recursor	

Additional Comments

Report Prepared By			
Пероп Рерагей Ву			
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Date			