## Remote Worker Injury Incident Report

Employee Name	
Job Title/Position	
Date of Report	
Date of Incident	
Time of Incident	
Incident Location (Remote Address)	
Describe the Incident	
	_
Describe the Injury	
What Caused the Incident?	
Witnesses (if any)	_
Medical Treatment Sought/Provided	_
	_

Time Lost from Work (if any)

Actions Taken to Prever	nt Recurrence		