Hand Tool Injury Report

Date of Report
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Date of Injury
Employee Name
Denoutroent / Morle Avec
Department / Work Area
Hand Tool Involved
Type of Injury
Description of Injury
Injury Location (e.g., hand, finger)
Description of Incident
Cause of Injury
First Aid / Medical Treatment Provided
Trist Aid / Medical Treatment Frovided
Witnesses (if any)

Corrective/Preventive Action

Supervisor/Manager Name		
Supervisor/iviariager marrie		
Date of Review		
Date of Review		