

Kitchen Burn Incident Report

Date of Incident

Time of Incident

Employee Name

Position

Location in Kitchen

Type of Burn

Affected Body Part

Cause of Burn (e.g., hot oil, pan, oven, etc.)

Brief Description of How Incident Happened

First Aid Provided

Was Medical Attention Needed?

Witnesses (Names)

Manager/Supervisor Follow-up Actions

Manager/Supervisor Name

Report Completed Date