Restaurant Server Sharps Injury Incident Form

Employee Information

Employee Name

Employee ID

Position

Supervisor

Incident Details

Date of Incident

Time of Incident

Location of Incident

Type of Sharp Involved

Activity Being Performed

Description of Incident

Describe what happened

Injury Details

Body Part Injured

Describe the Injury

First Aid Given

Follow-Up

Was Medical Attention Sought?

Recommendations to Prevent Future Incidents

Reporting

Form Completed By

Date