

Employee Incident Report Template Example

Confidential

Complete this form to document any workplace incident, including accidents, injuries, medical emergencies, criminal activity, traffic-related events, or unusual occurrence. Please submit the report within 24 hours of the incident, if feasible, to ensure timely follow-up and resolution.

Date of Report: _____

Person Involved

Full name:

Everett Crosse

Job title:

Facilities Technician

Department:

Maintenance

Supervisor:

Fiorella Fitzgerald

Contact number:

(503) 555-0142

The Incident

Date and time:

March 26, 2025, at 2:15 PM

Location:

Loading Dock — South Entrance

Detailed description of the incident *(including relevant circumstances and events)*:

While unloading equipment from a delivery truck, Everett slipped on a patch of oil near the dock entrance. He fell backward and landed on his right wrist. The area was not marked with a caution sign, and it appears the spill had gone unnoticed.

Injuries *(if applicable)*

Describe the injury or injuries sustained:

Possible sprain or fracture to the right wrist.

Was medical attention provided?

☐ Yes

☐ No

If yes, list the provider or facility and nature of treatment:

Everett was taken to St. Mary's Urgent Care by a coworker. X-rays were taken, and he was fitted with a temporary wrist brace.

List names and contact information of any witnesses:

- Guadalupe Garcia – (503) 555-0198
- Hazel Christensen – (503) 555-0227
-

Name:

Henry McNeal

Signature:

H. McNeal

Date:

March 27, 2025

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Describe the injury or injuries sustained:

Was medical attention provided?

Yes

No

If yes, list the provider or facility and nature of treatment:

List names and contact information of any witnesses:

1. _____
2. _____
3. _____

Name:

Signature:

Date:

DISCLAIMER

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