

## Work Injury Incident Report

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## **General Information**

### **Work Injury Incident Report**

This Work Injury Incident Report is a must for each and every company or employer. This incident report thoroughly sets out the details regarding a workplace injury or illness. It contains details regarding the employee including name, date of birth and telephone number. This report also contains a description of the incident including the date, time and location, the date the incident was reported and who it was reported to and if there were any witnesses to the accident or illness.

It is imperative that each and every work injury or illness be clearly documented in writing. A written Work Injury Incident Report will assist in this documentation and will prove useful for the company's HR Department or if there are disagreements or misunderstandings regarding the incident.

## Instructions and Checklist

### Work Injury Incident Report

- All parties should read the document carefully.
- Insert all requested information in the spaces provided. This form includes numerous personal details which must be clearly documented.
- This form contains the basic terms and language that should be included in similar reports.
- This incident report must be signed and dated by a manager or employer.
- The parties should retain either an original or copy of the signed incident report.
- All legal documents should be kept in a safe location such as a fireproof safe or safe deposit box.

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## WORK INJURY INCIDENT REPORT

The **WORK INJURY INCIDENT REPORT** is to be used in order to report work-related, accident(s), incident(s), illness, injury(ies) or any dangerous event(s), involving the employees, or contractors of \_\_\_\_\_ (Insert Company Name) sustained by the employees or the contractors at the workplace during the course of their employment.

In order to be compliant with the **HEALTH AND SAFETY POLICY OF** \_\_\_\_\_ (Insert Company Name), a record of all the work related accident(s), incident(s), illness, injury or any dangerous event is to be maintained. Such incidents must be necessarily recorded **WITHIN 2 BUSINESS DAYS (48 HOURS)** of the incident in the following report sheet:

<b>WORK INJURY REPORTING SHEET</b>		
<b>I. PERSONAL DETAILS OF THE INJURED</b> <i>(To be furnished by the injured person or any other agent on behalf of the injured)</i>		
1	<b>Name</b> <i>(Last Name, Middle Name, First Name)</i>	
2	<b>Age &amp; Date of Birth</b>	
3	<b>Gender</b>	
4	<b>Designation</b>	
5	<b>Department</b>	
6	<b>Specific Work</b>	
7	<b>Complete Address</b> <i>(city, state and zip code)</i>	
8	<b>Telephone Number</b>	

## II. DETAILS OF THE INJURY

*(To be furnished by the injured person or any other agent on behalf of the injured)*

1	<b>Injury</b> ( <i>accident , incident , illness, injury , dangerous event , others</i> )	
2	<b>Specify the injury</b> ( <i>electric shock, fire accident etc</i> )	
3	<b>Injured body part / organ</b> ( <i>head, leg(s) etc , please specify</i> )	
4	<b>Cause of Injury</b>	
5	<b>Location of the injury</b> ( <i>office , factory , on site etc</i> )	
6	<b>Description of the incident</b>	
5	<b>Date of the Injury</b> ( <i>Month/ Date / Year</i> )	
6	<b>Specific time of the injury</b> ( <i>am / pm</i> )	
<b>III. INCIDENT REPORTING</b>		
1	<b>Date of reporting the injury</b> ( <i>Month/ Date / Year</i> )	
2	<b>Specific time of reporting the injury</b> ( <i>am / pm</i> )	
3	<b>Reported to</b> ( <i>Complete Name with Last , middle and first name</i> )	
4	<b>Designation of the person to whom the incident was reported</b> ( <i>Supervisor , Assistant manager , Manager etc</i> )	

**IV. RESULT OF THE INJURY**

*(To be filled by the manager or the supervisor of the injured person)*

1	<b>Description of the incident</b>	
2	<b>Was any first aid provided</b> <i>( Yes / No)</i>	
3	<b>If yes, please specify the person who provided the first aid</b> <i>(Name)</i>	
4	<b>Designation of such person</b> <i>(Co – worker , supervisor , subordinate, if others please specify )</i>	
5	<b>If yes, describe the first aid which was so provided</b>	
6	<b>If no, explain the reason for the same</b>	
7	<b>Please specify the actions that were taken after the incident</b> <i>(Accident Response)</i>	
8	<b>Current Status of the injured</b>	
9	<b>Any Witness</b> <i>(Yes / No)</i>	
10.	<b>If Yes please specify the number of such witness(es)</b>	

11	<b>Witness Details</b>	<b>1. Witness Name</b> <i>(Last , Middle and First Name)</i>	
		<b>Complete Address</b>	
		<b>Contact No.</b>	
		<b>Designation</b>	
		<b>2. Witness Name</b> <i>(Last , Middle and First Name)</i>	
		<b>Complete Address</b>	
		<b>Contact No.</b>	
		<b>Designation</b>	
		<b>3. Witness Name</b> <i>(Last , Middle and First Name)</i>	
		<b>Complete Address</b>	
		<b>Contact No.</b>	
		<b>Designation</b>	



**V. POST ACCIDENT INVESTIGATION AND CORRECTIVE MEASURES**

*(To be filled by the manager)*

1	<b>Has an investigation commenced in this regard</b> <i>(Yes / No)</i>	
2	<b>If no, explain the reason</b>	
3	<b>If yes, specify the investigating authority</b> <i>( Full Name)</i>	
4	<b>Designation of the investigating authority</b>	
5	<b>Date of commencement of investigation</b> <i>(Month/ Date / Year)</i>	
6	<b>Findings of the investigation</b>	
7	<b>Recommendations by the investigating authorities about the preventive measures that ought to be taken so as to prevent such incidents in future</b>	
8	<b>Whether such recommendations have been implemented</b> <i>(Yes/ No)</i>	
9	<b>If no , explain the reason for such non implementation</b>	
10	<b>Approximate time by</b>	

	<b>which the recommendations would be implemented</b>	
11	<b>Person entrusted with the authority to enforce the recommendations</b> ( <i>Full Name and Designation</i> )	
<p><b>Manager</b>(<i>Full Name</i>): _____</p> <p><b>Date:</b> _____</p> <p><b>Signature:</b> _____</p>		