

INCIDENT / INJURY REPORT FORM

This is a sample form intended to help your organization get started in managing future incidents involving potential injuries.

Occurrence Information			
Date & Time of Occurrence:			
Name of Injured Person (First/Middle/Last):		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Phone (Daytime):	
City:	State:	Zip Code:	Phone (Evening):
Description of Incident:			
Location of Incident:			
Nature of Injury (burn, cut, sprain):		Cause of Injury (fall, grabbed by person):	
Where Treated:		Transportation Method:	
Witnesses:			
Witnesses:	Name:	Address/Phone:	
Witnesses:	Name:	Address/Phone:	
Remarks:			
Signature:			
Signature:		Date:	
Promptly Report All Incidents To:			
Promptly Report All Incidents To:		<i>(List insurance agency contact information here)</i>	
		Name of Agency:	
		Mailing address:	
		Phone:	
		Fax:	
		Email:	