

[Company Name]

OSHA Injury Report Form

Employee Information:

Employee Name: _____

Employee ID: _____

Job Title: _____

Department: _____

Date of Incident: _____

Time of Incident: _____

Incident Details:

Location of Incident: _____

Description of Incident: _____

Witnesses (if any): _____

Injury/Illness Details:

Nature of Injury/Illness: _____

Body Part(s) Affected: _____

Cause of Injury/Illness: _____

Treatment Provided: _____

Supervisor/Manager Comments:

Employee's Statement:

Investigation and Corrective Actions:

Signature:

Employee: _____

Date: _____

Supervisor/Manager: _____

Date: _____

