

**EMPLOYEE INCIDENT REPORT**

**Employee Name:** \_\_\_\_\_ **Facility:** \_\_\_\_\_

**Incident Date:** \_\_\_\_\_ **Incident Time:** \_\_\_\_\_

**Date Supervisor Notified:** \_\_\_\_\_

**Exact Body Part Injured:** \_\_\_\_\_

**Describe what happened:**

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**What do you think caused your incident?**

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**What do you think could be done to prevent this type of incident from occurring again?**

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**Employee Name:** \_\_\_\_\_

**Date Report Completed:** \_\_\_\_\_