Workplace injury report form

For an employee hurt or made ill at work. The worker and supervisor fill it in together the same day. Write what happened, not who is to blame. Leave blank anything not known. It is an internal record and does not replace the employer's report to the workers' compensation board.

1. The worker

Name

Job title

Department

Phone or email

Usual shift (days and hours)

2. When and where

Date of injury

Time

Site

Exact location (area, room, equipment)

Told the employer (name, date, time)

Doing usual job at the time?

☐ Yes ☐ No, doing:

3. What happened

How it happened (tick all that apply)

☐ Slip, trip or fall ☐ Lifting, pushing or pulling ☐ Struck by or against ☐ Cut or puncture ☐ Burn or scald

☐ Caught in equipment ☐ Chemical or substance ☐ Violence or aggression ☐ Repeated movement ☐ Other:

What happened What the worker was doing, what went wrong, and what happened next. In the worker's own words where possible.

4. The injury

Injury (cut, sprain, burn, strain)

Part of the body

Side

☐ Left ☐ Right ☐ Both ☐ Does not apply

5. First aid and treatment

First aid given (what, by whom, time)

First aid record or logbook entry

Care beyond first aid

☐ None so far ☐ Doctor or clinic ☐ Hospital emergency ☐ Physiotherapist or chiropractor ☐ Dentist or eye care

☐ Prescription

Where treated, and how the worker got there

Transport paid or arranged by

6. Time off and work changes

After the day of injury, the worker

☐ Is back at regular work ☐ Is off work ☐ Is on modified work at regular pay

☐ Is on modified work at less pay or fewer hours

Last shift worked

Shifts missed so far

Modified work started (date)

Back at regular work (date)

Modified work that could be offered Tasks the worker can do safely while recovering.

7. Witnesses

Name	Phone or email	Statement taken? (Y/N)

8. Signatures

Worker signature

Date

Supervisor name and signature

Date and time of this report

9. Follow-up (for the person who handles it)

Report to the workers' compensation board?

☐ Yes ☐ No: first aid only, no time lost, pay not affected ☐ Not sure: ask the board

Board, report sent (date, how)

Claim number

Copy given to the worker (date)

Investigation (assigned to, date)

Closed by and date

Free workplace injury report form from riskrsuite.com/resources/workplace-injury-report-form/. Copy and change it as needed.