

Injury Incident Report Form

To be completed by staff within 12 hours of incident/accident

Incident Date: _____ Incident Time: _____
Injured Person Name: _____
Address: _____
Phone Numbers: _____
Male/Female: _____ Date of Birth: _____

Details of Incident:

Who was injured person? _____
Injury Type: _____

Does Injury require Hospital/Physician? Yes: _____ No: _____

Hospital Name: _____

Address: _____

Hospital Phone Numbers: _____

Injured person/Party Signature/Date: _____ / _____

Important Notes and Instructions:

Prepared By: _____ Date: _____

Injury Incident Report Forms

Yi-Tong Ma

A red circular graphic with a gradient, appearing as a semi-circle or a partial circle, located to the right of the name bar.

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