**[A blue and white sign

AI-generated content may be incorrect.](https://www.smartsheet.com/try-it?trp=8777&utm_source=template-word&utm_medium=content&utm_campaign=Employee+Incident+Report--8777&lpa=Employee+Incident+Report++8777)Employee Incident Report   
Template Example**

**–––––––––––––––––––––––––––– Confidential ––––––––––––––––––––––––––––**

Complete this form to document any workplace incident, including accidents, injuries, medical emergencies, criminal activity, traffic-related events, or unusual occurrence. Please submit the report within 24 hours of the incident, if feasible, to ensure timely follow-up and resolution.

|  |  |
| --- | --- |
| **Date of Report:** |  |

|  |  |  |
| --- | --- | --- |
| **Person Involved** | | |
| **Full name:** |  | **Job title:** |
| Everett Crosse |  | Facilities Technician |
| **Department:** |  | **Supervisor:** |
| Maintenance |  | Fiorella Fitzgerald |
| **Contact number:** |  |  |
| (503) 555-0142 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **The Incident** | | | |
| **Date and time:** |  | **Location:** |
| March 26, 2025, at 2:15 PM |  | Loading Dock — South Entrance |
| **Detailed description of the incident** *(including relevant circumstances and events)***:** | | |
| While unloading equipment from a delivery truck, Everett slipped on a patch of oil near the dock entrance. He fell backward and landed on his right wrist. The area was not marked with a caution sign, and it appears the spill had gone unnoticed. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Injuries** *(if applicable)* | | | | |
| **Describe the injury or injuries sustained:** |  | **Was medical attention provided?** | |
| Possible sprain or fracture to the right wrist. |  | Yes | No |
| **If yes, list the provider or facility and nature of treatment:** | | | |
| Everett was taken to St. Mary’s Urgent Care by a coworker. X-rays were taken, and he was fitted with a temporary wrist brace. | | | |

|  |  |
| --- | --- |
| **List names and contact information of any witnesses:** | |
| 1. | Guadalupe Garcia – (503) 555-0198 |
| 2. | Hazel Christensen – (503) 555-0227 |
| 3. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  | **Signature:** |  | **Date:** |
| Henry McNeal |  | H. McNeal |  | March 27, 2025 |

**Employee Incident Report Template**

**–––––––––––––––––––––––––––– Confidential ––––––––––––––––––––––––––––**

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|  |  |
| --- | --- |
| **Date of report:** |  |

|  |  |  |
| --- | --- | --- |
| **Person Involved** | | |
| **Full name:** |  | **Job title:** |
|  |  |  |
| **Department:** |  | **Supervisor:** |
|  |  |  |
| **Contact number:** |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **The Incident** | | | |
| **Date and time:** |  | **Location:** |
|  |  |  |
| **Detailed description of the incident** *(including relevant circumstances and events)***:** | | |
|  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Injuries** *(if applicable)* | | | | |
| **Describe the injury or injuries sustained:** |  | **Was medical attention provided?** | |
|  |  | Yes | No |
| **If yes, list the provider or facility and nature of treatment:** | | | |
|  | | | |

|  |  |
| --- | --- |
| **List names and contact information of any witnesses:** | |
| 1. |  |
| 2. |  |
| 3. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  | **Signature:** |  | **Date:** |
|  |  |  |  |  |

|  |
| --- |
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