

Injury Information Form

Employee name _____

Date of injury _____

Time of injury _____

Time employee began shift _____

Preferred contact number _____

Marital Status _____

Form completed by _____



Tell us how the injury/illness occurred, what the employee was doing before the incident - give details

What was the injury or illness? - include part(s) of body

What tools, equipment, machines, objects, or substances were involved?

Where did the injury occur? Plant name & Address (if known)