



MINOR INJURY REPORT

Instructions: This report is to be completed when injury does not require attention by a doctor. **The Employee** is to fill out the section labelled: **Employee**. The **Supervisor** is to follow up on the incident and fill out the bottom section.

EMPLOYEE SECTION

Employee Name: _____ **SSN:** _____
Date of Injury: _____ **Time:** _____ **AM** **PM**

Location of accident: _____

Part of body injured: _____

Describe first aid given: _____

Describe the accident: _____

Employee (signature)

Witnesses (signature)

SUPERVISOR SECTION

Describe measures to prevent recurrence _____ **Taken** **Will Take**

Date:

Supervisor (signature)