



## Injury/Accident Report for Team Members

Today's Date: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Date Incident Reported: \_\_\_\_\_

Time Incident Occurred: \_\_\_\_\_AM \_\_\_\_\_PM

Type of Incident:  Injury  Illness  First Aid  Auto Accident  Near Miss

Has Management been made aware of incident and appropriate notifications been sent:  Yes  No

Name of Team Member injured: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Did Incident occur on Premises?  Yes  No

Where did incident occur: \_\_\_\_\_

What caused the injury/illness/auto accident: \_\_\_\_\_

Was safety equipment and work instructions provided:  Yes  No Was it in use at time:  Yes  No

Was incident caused by team member failure to use or observe safety equipment or work policy:  Yes  No

Was First Aid Performed:  Yes  No Was team member taken to the Doctor or Emergency Room:  Yes  No

(If Yes) Explain Treatment received: \_\_\_\_\_

(If Yes) Doctor or Emergency Room team member sent to: \_\_\_\_\_

Location of injury:	Head RTBL	Forehead RCL	Face RL	Ear RL	Eye RL	Mouth	Teeth UL	Nose	Neck	Shoulder RL	
Back RML	Arm RL	Elbow RL	Forearm RL	Wrist RL	Hand RL	Finger 1 2 3 4	Thumb RL	Chest RML	Abdomen RML	Hip RL	Thigh RL
Knee RL	Lower Leg RL	Ankle RL	Toe 1 2 3 4	Big Toe RL	Foot RL	Other: _____					

Type of Injury: Laceration Amputation Strain Compound Fracture Burn Internal Blister

Incised Wound Abrasion Dislocation Irritation Sprain Foreign Body Simple Fracture

Puncture Bruise Inhalation Other: \_\_\_\_\_

(Supervisor/Manager) Describe in detail how the incident occurred. Use (Who, What, When, Where, How) as a guide to fill out this portion of the report correctly:

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(Team Member) Describe in detail how incident occurred: \_\_\_\_\_

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Did someone witness the incident:       Yes       No

Name of Witness: \_\_\_\_\_

Describe in detail what you observed: \_\_\_\_\_

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Name of Witness: \_\_\_\_\_

Describe in detail what you observed: \_\_\_\_\_

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**\*\*For auto accidents, please attached photos of damage and police report if applicable\*\***

Team Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor/Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Manager Injury Report Form For Guests

Today's Date: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Date Incident Reported: \_\_\_\_\_

Time Incident Occurred: \_\_\_\_\_ AM \_\_\_\_\_ PM

Type of Incident:  Injury  Illness  Near Miss  Near Miss

Team Member Reporting Incident: \_\_\_\_\_

Job Title: \_\_\_\_\_ Name of Manager: \_\_\_\_\_

Has Management been made aware of incident and appropriate notifications been sent:  Yes  No

Guest's Name: \_\_\_\_\_

Guest Contact Information if available:

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Describe in detail how the incident occurred. Use (Who, What, When, Where, How) as a guide to fill out this portion of the report correctly:

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Location of injury:	Head RTBL	Forehead RCL	Face RL	Ear RL	Eye RL	Mouth	Teeth UL	Nose	Neck	Shoulder RL	
Back RML	Arm RL	Elbow RL	Forearm RL	Wrist RL	Hand RL	Finger 1 2 3 4	Thumb RL	Chest RML	Abdomen RML	Hip RL	Thigh RL
Knee RL	Lower Leg RL	Ankle RL	Toe 1 2 3 4	Big Toe RL	Foot RL	Other: _____					

Type of Injury: Laceration Amputation Strain Compound Fracture Burn Internal Blister

Incised Wound Abrasion Dislocation Irritation Sprain Foreign Body Simple Fracture

Puncture Bruise Inhalation Other: \_\_\_\_\_

What could have been done to prevent this incident from happening?

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Did someone witness the incident:  Yes  No

Name of Witness: \_\_\_\_\_

Describe in detail what you observed: \_\_\_\_\_

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Name of Witness: \_\_\_\_\_

Describe in detail what you observed: \_\_\_\_\_

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Was First Aid Performed On Site:  Yes  No

(If Yes) Explain Treatment received: \_\_\_\_\_

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Authorities contacted?: (911, police, fire, other)  Yes  No

(If Yes) Who was contacted: \_\_\_\_\_

Team Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_