



## 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.

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### 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)

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### SUPERVISOR SECTION

**Describe measures to prevent recurrence** \_\_\_\_\_ **Taken** **Will Take**

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

\_\_\_\_\_  
Supervisor (signature)