United Heartland
Managing Risk. Insuring Success

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Employee Incident Report

Employee Name:_____ Facility:_____

Incident Date: ____/____/____ Incident Time:_____ a.m p.m

Date Supervisor Notified: ____/____/____

Exact Body Part Injured:_____

Describe what happened:

_____

_____

_____

_____

_____

_____

Were there any witnesses?

_____

_____

Primary Care Physician: _____

Any prior treatment to this injured body part?

_____

_____

_____

Employee Name:_____

Date Report Completed: ____/____/____