

Employee Injury Report

Fill this out for every injury on shift, even minor ones. Get the employee care first, then complete it with them the same day.



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When and where

DATE

TIME

EXACT SPOT (KITCHEN LINE, DISH PIT, WALK-IN, BAR)

MANAGER ON DUTY

SHIFT

The employee

NAME

POSITION

PHONE

BODY PART(S) AFFECTED

The injury

- ☐ Burn or scald
- ☐ Slip, trip, or fall
- ☐ Struck by an object
- ☐ Cut
- ☐ Lifting strain
- ☐ Other

Treatment

- ☐ First aid on site
- ☐ 911 called
- ☐ Back same shift
- ☐ Declined treatment
- ☐ Urgent care or ER
- ☐ Sent home

What happened

The task and how it happened, in the employee's words where you can.

Witnesses

NAME

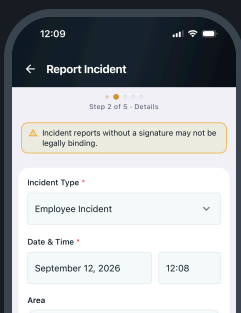
PHONE OR EMAIL

Sign-off

EMPLOYEE SIGNATURE

MANAGER SIGNATURE

DATE AND TIME COMPLETED



Or file it from your phone before close.

HOSP saves every incident with photos, time stamps, and signatures in one place.

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