# **Personal Injury Report**

Employee’s Name:

Date of Injury:

Type of Injury:

Description of Injury:

Description of the object or substance which is directly harmed the employee (please note serial numbers for the equipment if applicable):

Resolution to Incident:

## Which steps will be taken to avoid the type of occurrence in the future?

Is a corrective action required due to this Injury? If yes, attach corrective action report.

Medical treatment □ Denied □ Needed

(First Aid excluded)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Printed Name | Signature | Date |
| Report Prepared By: |  |  |  |
| Review by Laboratory Director |  |  |  |