**Injury Incident Report**

**Information**

**Associate Name:**

**Employee Number:**

**Position:**

**Type of Injury:**

**Date & Time of Injury:**

**Location:**

**Part of the body injured:**

**Witness, if any:**

**Explain circumstances of injury:**

**Injury reported to:**

(Immediate Supervisor)

**Signature:**

(Injured Employee)

**Instructions: Please complete all areas. Email to felicia.finch@whiteearth-nsn.gov**