Non-Employee Injury Report



This report is to be completed when a person (non-employee) is injured on company premises.

Person's name: _____Date of injury: ____/____/____

Why was person on our property?_____

What was he/she doing when injured?_____

_____

Did you witness the accident? ☐ Yes ☐ No

Did the person report the injury immediately after the accident? ☐ Yes ☐ No

Describe what happened:_____

_____

_____

What was the person's physical condition and appearance when the injury was reported to you?

_____

_____

_____

What first aid or treatment did you administer, if any?

_____

_____

_____

Did you advise the person to seek outside treatment or did you call a paramedic?

_____

_____

_____

Has there been any follow-up to the accident by company or injured person?

_____

_____

_____

Has our insurance company been notified?

_____

_____

_____

Name of Person completing Report: _____

Signature: _____Date: _____/____/____