

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: ____/____/____