# Employee Injury Report

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|---|---|---|---|
| **Employee Name:** | | **Date:** | |
| **Time of Incident:** | | | |

**Injury Type:** Please select all that apply

| | | | |
|---|---|---|---|
| **Pulled Muscle:** ☐ | **Cut/Laceration:** ☐ | **Puncture:** ☐ | **Eye:** ☐ |
| **Broken Bone:** ☐ | **Amputation:** ☐ | **Burn:** ☐ | **Trip/Fall:** ☐ |

| | |
|---|---|
| **Other:** ☐ Please Specify | |

**Description of Incident by Employee:**

**Witness 1 Discerption:**

367 Main Stem Road, Pantego, NC 27860
Phone: (252) 935-4050

**Witness 1 Signature:** _____ **Date:** _____

**Witness 2 Discerption:**

| |
|---|
| |

**Witness 2 Signature:** _____ **Date:** _____

**Did Employee Seek Medical Attention?** **Yes:**☐ **No:**☐

**Managers Recommendation:**

| |
|---|
| |

**Supervisor's Signature:** _____ **Date:** _____

**Safety Coordinator:** _____ **Date:** _____

367 Main Stem Road, Pantego, NC 27860
Phone: (252) 935-4050

IBX Lumber, LLC