

INJURY REPORT FORM [EXAMPLE]

1. INJURED PERSON: First name: _____ Surname: _____ Address: _____ Date of Birth: _____ Gender: _____ Telephone No: _____
2. PLACE WHERE THE ACCIDENT / INCIDENT HAPPENED: <i>(including name and address):</i>
3. DATE AND TIME OF ACCIDENT / INCIDENT:
6. DESCRIPTION OF ACCIDENT / INCIDENT: <i>(Continue on separate sheet if needed):</i>
7. INJURY DETAILS: Part of Body <i>(indicate L or R where necessary):</i> _____ Nature of Injury <i>(eg fracture, sprain, cut, etc):</i> _____ Treatment given: _____ First aid treatment given by: _____ Was the injured person taken to hospital from the scene of the accident/incident? Yes / No If yes, which hospital? _____
8. PERSON MAKING REPORT: Name: _____ Job Title: _____ Signature: _____ Date: _____
THIS SECTION FOR USE BY SUPERVISOR / HEADTEACHER / PERSON IN CHARGE
10. Accident / incident cause and/or contributory factors: _____ _____ _____
Action to Prevent Recurrence: _____ _____ _____
Name: _____ Date: _____ Job Title: _____ Signature: _____