INJURY REPORT FORM [EXAMPLE]

1. INJURED PERSON: First name: ___________________________  Surname: _____________________________
Address: _____________________________________________________________________________________
Date of Birth: ____________________  Gender: __________   Telephone No: ________________________________

2. PLACE WHERE THE ACCIDENT / INCIDENT HAPPENED: (including name and address):

3. DATE AND TIME OF ACCIDENT / INCIDENT:

6. DESCRIPTION OF ACCIDENT / INCIDENT: (Continue on separate sheet if needed):

7. INJURY DETAILS: Part of Body (indicate L or R where necessary): _____________________
Nature of Injury (eg fracture, sprain, cut, etc): ________________________________
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: ________________________

GOODPUSH
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