

Accident and Injury Form

Name:

Job Title:

Date of Incident: Time of Incident:

How and where the accident/incident took place:

.....

.....

.....

.....

Description of injury e.g. bruise, cut, scratch, burn, chemical burn:

.....

.....

.....

.....

What were the weather conditions/lighting conditions?

.....

.....

Details of first aid administered and by whom:

.....

.....

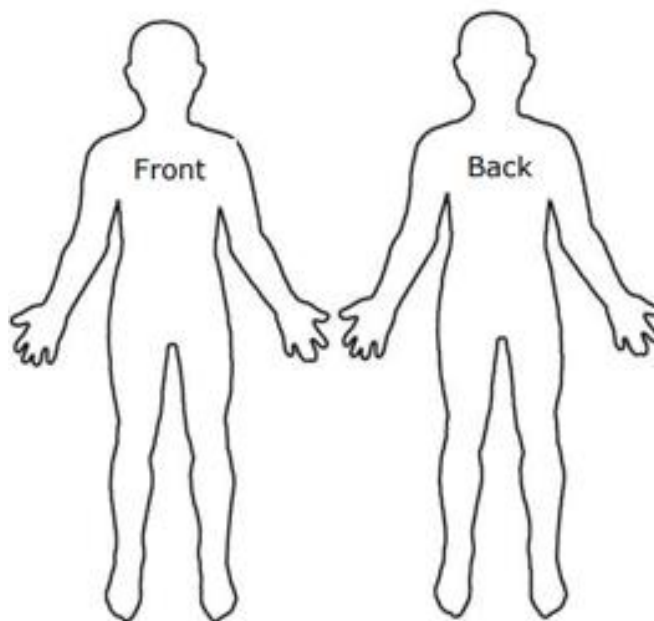
.....

Was the person able to resume work or did they require absence/medical attention?

.....

.....

Please indicate area of injury →



Signed: (First Aider)

Print:

Signed: (Member of Staff)

Print:

Follow-up Actions: