

Date of Accident/Incident:	Time of Accident/Incident:
Department and exact location:	
Reported by:	Date Reported:
Company:	Reported to:

## Details of Person(s) involved:

Name:		ID Number:
□ Staff	Student	Other (Please Specify):

## Details of any injuries:

Type of Injury:	1	lo Injuries: 🗌			
Graze/Scratche	es: 🗆 Cut/I	aceration: 🗆	Dislocation:	Fracture: 🗆	
Chemical Splas Electric Shocк:	h:□ C	oncussion: 🗆 Sprain: 🗖	Puncture: 🗆 Bruise: 🗖	Scald: □ Burn: □	
Bite:		Other(Ple	ease Specify): $\Box$		
Body Part affe	Body Part affected:				
Head: 🗆	Face: 🗖	Eyes: 🗖	Neck: 🗌	Shoulder (L/R): 🗆	
Chest: 🗆	Abdomen: 🗆	Arm (L/R):🗆	Hand (L/R):	Leg (L/R): 🗆	



Back: 🗆	Ankle (L/R): 🗆	Foot (L/R): 🗆	
Other (Please	Other (Please Specify): 🗌 Hip broken		
Treatment:		No treatment necessary: $\Box$	
First Aid: 🗆	Name of FAR:		
Doctor:	Hospital: 🗌	Other (Please Specify): $\Box$	

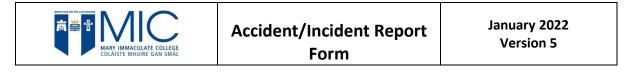
Names and contact details of any Witnesses: :	

Details of what happened: (provide as much detail as possible, use additional sheets if necessary)



## Actions required to prevent a recurrence:

Action	Responsible	Due By



Signature(Person completing this Report): _	Date:
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Please forward completed report to the Health & Safety Manager