|  |  |
| --- | --- |
| Date of Accident/Incident: | Time of Accident/Incident: |
| Location: | |
| Reported by:  Company: | Date Reported:  Reported to: |

**Details of Person(s) involved:**

|  |  |
| --- | --- |
| Name: | ID Number: |
| Staff  Student  Other (Please Specify): | |

**Details of any injuries:**

|  |
| --- |
| **Type of Injury: No Injuries**:  Graze/Scratches:  Cut/Laceration:  Dislocation:  Fracture:  Chemical Splash:  Concussion:  Puncture:  Scald:  Electric Shock:  Sprain:  Bruise:  Burn:  Bite:  Other(Please Specify): |
| **Body Part affected:**  Head:  Face:  Eyes:  Neck:  Shoulder (L/R):  Chest:  Abdomen:  Arm (L/R): Hand (L/R): Leg (L/R):  Right Hand    Back:  Ankle (L/R):  Foot (L/R):  Other (Please Specify):  Hip broken |
| **Treatment: No treatment necessary**:  First Aid:  Name of FAR:  Doctor**:**  Hospital**:**  Other (Please Specify): |

|  |
| --- |
|  |

**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** |
| **None.** |  |  |

Signature(Person completing this Report): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Please forward completed report to the Health & Safety Manager**