

# Injury Incident Report

| Details of incident                                                            |     |       |           |
|--------------------------------------------------------------------------------|-----|-------|-----------|
| Date:                                                                          | / / | Time: | Location: |
| Injured Person name:                                                           |     |       |           |
| Address:                                                                       |     |       |           |
| Phone numbers:                                                                 |     |       |           |
| Date of Birth:                                                                 |     |       |           |
| Name of person filling in this report:                                         |     |       |           |
| Details of the incident.                                                       |     |       |           |
| Describe the injury.                                                           |     |       |           |
| Please outline the steps taken to treat the injury.                            |     |       |           |
| Please identify any hazards that may have contributed to or caused the injury. |     |       |           |
| Other notes and comments                                                       |     |       |           |

|                                            |  |       |     |
|--------------------------------------------|--|-------|-----|
| Injured person's signature:                |  |       |     |
| Print name:                                |  | Date: | / / |
| Signature of Person filling in this report |  |       |     |
| Print name:                                |  | Date: | / / |