



INJURY REPORT FORM

(To be completed for all injuries for both staff and clients)

INJURED PERSON

Full Name: _____ Age: _____ Sex: _____

Company: _____ Contact Person: _____

Phone: _____ Email: _____

DETAILS OF INCIDENT

Activity in which the person was engaged at the time of injury:

Date injury occurred: _____ Day: _____ Time: _____ AM/PM

Brief description of type and cause of injury, body part injured and treatment given.

Name of the person rendering first aid:

Name: _____ Signature: _____

Details of any referral or further treatment:

PERSON COMPLETING REPORT:

Name: _____

Phone: _____

Signature: _____

Date: _____

SRS REPRESENTATIVE:

Name: _____

Phone: _____

Signature: _____

Date: _____