

INJURY INCIDENT REPORT FORM

To be completed by staff within 12 hours of incident/accident

Incident Date: _____ Incident Time: _____

Date Reported: _____ Time Reported: _____

Injured Person's Name: _____

Address: _____

Phone Numbers: _____

Email: _____

Male/Female: _____ Age: _____

Details of the Incident (how and where the incident occurred and details of injury):

Description of location & physical conditions (water, ice, etc.) Attach photos if available.

Description of First Aid Administered: _____

Who administered First Aid? _____

Does the injury require Hospital/Physician? Yes No

Was an ambulance called? Yes No

Hospital Name: _____

Important Notes and Instructions:

Form Prepared by: _____

Date: _____

Email: _____

Telephone: _____