

Injury Report Form

Superintendent or RSO Reporting Name:

Date & Time of Incident:

Contact Phone Numbers (Day & Evening):

1. Describe nature and extent of injury (specify parts of the body):

2. Describe how the injury occurred:

3. Describe first aid given:

4. First aid was provided by (give name and phone number):

5. Disposition (specify name of hospital, time of transport etc.):

6. Notification of next of kin (specify time, person contacted and method):

7. Location of incident and conditions of area:

8. Was protective equipment worn (if applicable):

9. Describe steps taken to preserve the scene (equipment, photographs etc. if applicable):

10. Witness statements: Interview witnesses separately.

a. First Witness (Name):

Address:

Contact Phone Numbers (day & evening)

Statement:

b. Second First Witness (Name):

Address:

Contact Phone Numbers (day & evening)

Statement:

11. Notes and Comments:

12. Injury report completed by:

Name: _____

Title: _____

Date: _____

Signature: _____

13. Disposition and follow-up:

Name: _____

Title: _____

Date: _____

Signature: _____