

5EBI ACCIDENT / REPORT FORM

PARTICULARS OF ACCIDENT

DATE: TIME: LOCATION:

THE INJURED PERSON

Name: Age: Volunteer / Staff? (circle one)

Type Of Injury.....

Ambulance / Admitted to Hospital?

THE ACCIDENT (use back of form/page if necessary)

Description of What Happened:

.....

Witnessed by..... Phone:

Address.....

What Contributed to the Accident

.....

What Action Has Been or Will be Taken to Prevent a Recurrence?

.....

Completed by:

Signature: Date:

INVESTIGATION OF ACCIDENT

Accident investigated by: Date:

Manager Name: Date:

Manager Signature: