

ACCIDENT / INJURY REPORT FORM

INSTRUCTIONS

This form shall be completed as soon as possible following an accident or injury and sent to the health and safety office, Rebecca Lennon:

hello@thunkittheatre.co.uk

CLAIM NO.

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PERSONAL INFORMATION

NAME of Participant

TODAYS DATE

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Project

DATE OF ACCIDENT

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HOME ADDRESS of Participant

CONTACT NUMBER

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SUPERVISOR NAME

SUPERVISOR EMAIL

PHONE

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INJURY / ACCIDENT INFORMATION

LOCATION OF INJURY

DATE OF INJURY

TIME OF INJURY

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WITNESSES Provide names of any witnesses to the accident / injury

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INJURY DESCRIPTION What parts of the body were affected? What type of injury?

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INCIDENT DESCRIPTION What was the person doing at the time of the incident? How did the injury occur?

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INJURY / ACCIDENT TREATMENT

FIRST AID Describe any First Aid given at the scene of the injury / accident.

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WAS INJURED PARTY TREATED BY PROFESSIONAL?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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WAS INJURED PARTY TAKEN BY AMBULANCE?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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NAME OF PROFESSIONAL

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NAME MEDICAL PROVIDER(S)

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ADDRESS OF TREATMENT

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PHONE OF TREATMENT

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TREATMENT RECEIVED

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SIGNATURE

	NAME	SIGNATURE	DATE
PROJECT LEAD			
SAFETY OFFICER			