

Record sheet no

Accident/injury record sheet

No

Book no

Date of accident/injury

Casualty details

Name _____

Address _____

Postcode _____

Occupation _____

Telephone _____

Accident/injury details (where and when did it happen?)

Time _____ Location _____

Equipment/machinery involved _____

What happened? (include the cause and nature of accident/injury)

Signed _____ Date _____

Treatment given (if known)

Signed _____ Date _____

Your details (if different from above)

Name _____

Address _____

Postcode _____

Occupation _____

Signed _____ Date _____

Date

Name of Casualty



SAMPLE

WHEN COMPLETE, PASS TO PERSON
RESPONSIBLE FOR KEEPING ACCIDENT/
INJURY RECORDS (SEE NAME ON INSIDE
FRONT COVER) TO KEEP SAFE AND SECURE.