

Accident / Injury Report

IDENTIFICATION

Your Name: _____

Your Position / Role at Colonial _____

Date: _____ Time _____

Were you an eyewitness to this event? Yes No

Name(s) of the injured person(s) _____

DESCRIPTION OF EVENT:

Description of Accident: _____

Nature and Location of Injury: _____

Describe the sequence of events leading to this accident / injury: _____

ACTIONS AND RECOMMENDATIONS:

Was the person referred to:

Hospital Medical Personnel at Colonial Other (Specify)

Recommendations for prevention in the future: _____
