INCIDENT REPORT FORM

Details of the Casualty

Name _____

Address _____

_____

_____

Phone No _____ Age _____ Sex _____

Details of the Incident

Location _____ Date/time _____

Nature of incident _____

_____

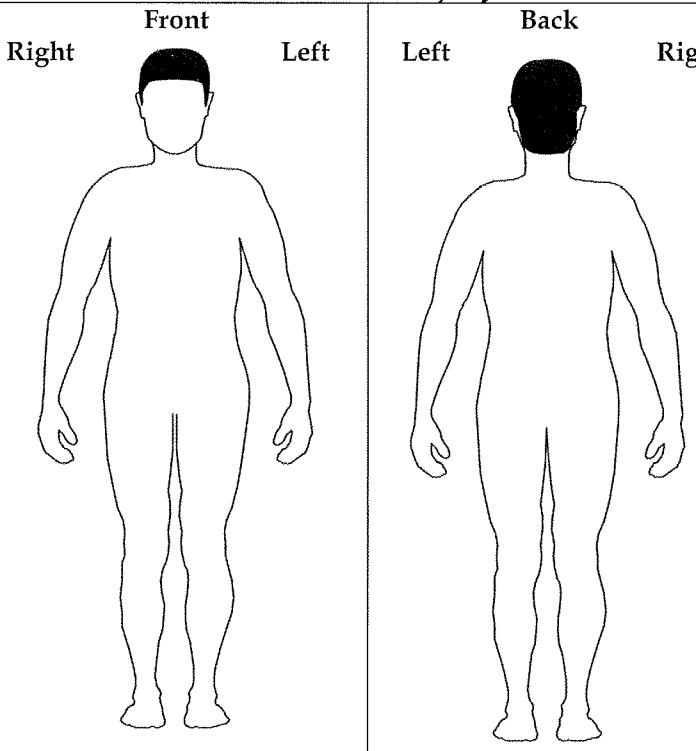
_____

Treatment given _____

_____

_____

Indicate with an 'X' location of injury and indicate type(s) of injury in table below



Abrasion/graze	
Cut	
Friction burn	
Dislocation	
Fracture	
Sprain/ strain	
Heat illness	
Teeth broken	
Impact injury	
Other:	

Further Action

Ambulance ☐ Taken to hospital ☐ Advised to visit hospital or doctor ☐

Responders name & signature _____

Casualties signature

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