**Part A**

Number Name Date

**Part B**

**Person Affected Person Reporting**

Name Name

Address Address

Occupation Occupation

**Incident Details**

Date Time

Address & Location of Incident

Full Description of Incident

Injury

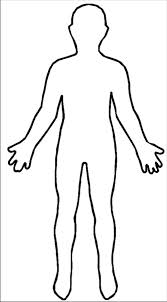
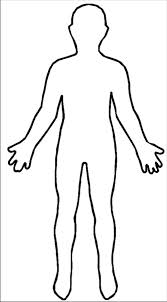
Action Taken /

Recommendation(s) Given

**Guidance Notes**

Draw on the diagram where the injury / injuries are. Be as precise as possible in location and size of injury

Where was the injury?



** Front Back**

**Signatures**

Casualty / Parent / Carer

**T: 0113 2100600**

**E:** [**info@mrsafetytraining.com**](mailto:info@mrsafetytraining.com)

**W:** [**www.mrsafetytraining.com**](http://www.mrsafetytraining.com)

First Aider

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**Part C**

**Summary For Casualty / Parent / Carer**

Name Date Time

Location of Incident

**Guidance Notes**

Summarise here the details of the incident from the information above

Give this section to the casualty or parent / carer to take away with them

**Note to casualty / parent / carer**

If condition develops, please present this to medical staff to give them background information of incident

Description

Injury

Action Taken

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