

**REPORT OF INJURY**

TIME: \_\_\_\_\_ A.M.  
P.M.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

NATURE OF INJURY:

CIRCUMSTANCES OF INJURY:

Witnesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Officer in Charge

First Aid Report \_\_\_\_\_

Resuscitator Report \_\_\_\_\_