

## **BGTC INJURY REPORT FORM**

Date and Time of Injury:

Name of Injured:

Address:

Telephone Number (Day): (Evening)

1. Describe nature and extent of injury (specify parts of body):

2. Describe how the injury occurred:

3. Describe first aid given:

4. First aid was provided by (include names and phone numbers):

5. Disposition (specify name of hospital, telephone numbers, time of transport, etc.):

6. Notification of next of kin (specify time, person contacted, and method):

7. Location of incident and conditions of area:

8. Was eye protection worn?

9. Describe steps taken to preserve the scene (equipment, photographs, etc.):

10. Witness Statements: Interview witness separately. Use additional sheets if needed.

A. Witness (Name):

Statement attached Yes No

Address:

Phone Number

B. Witness (Name):

Statement attached Yes No

Address:

Phone Number

11. Injury Report Completed by:

Name:

Date