

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