|  |
| --- |
| Use this form to report any personal injuries, near misses and any dangerous occurrences, which take place on restaurant premises. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DETAILS OF THE ACCIDENT/INCIDENT** | | | | | | | |
| Date: |  | Time: | |  | | Location (dining room, kitchen) |  |
|  | | | | | | | |
| Describe the injury or incident: | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| What happened? How did it happen? | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Were there any witnesses? | | |  | | If so, give their contact details (name, phone, address) | | |
|  | | | | | | | |
|  | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **WAS ANYONE INJURED?** | | | | | | | |
|  | | | | | | | |
| Name: |  | | Age: |  |  M  F | Employer: |  |
|  | | | | | | | |
| Address: | |  | | | | Phone: |  |
| (If more than one person was injured, complete a separate “Incident & Accident Report Form.”) | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TREATMENT DETAILS** | | | | | | | | | |
|  | | | | | | | | | |
|  None |  First Aid |  Outpatient Clinic | |  Advised to see GP | |  Hospital |  Hospital Stay? | *How many nights?* |  |
|  Absent from work*? how many days*? | | |  | |  Other treatment details | |  | | |
|  | | | | | | | | | |
|  | | | | | | | | | |

|  |  |
| --- | --- |
| **ACTION** | |
|  | |
|  What action has been taken to prevent a reoccurrence? |  |
|  | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FORM COMPLETED BY:** | | | | | | | |
|  | | | | | | | |
| Name: |  | | | Title: |  | Phone: |  |
|  | | |  | |  | |  |
| Address: | |  | | | | Date: |  |
|  | | | | | | | |