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

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| **DETAILS OF THE ACCIDENT/INCIDENT** |
| Date: |  | Time: |  | Location (dining room, kitchen) |  |
|  |
| Describe the injury or incident: |
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|  |
| What happened? How did it happen? |
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|  |
| Were there any witnesses?  |  | If so, give their contact details (name, phone, address) |
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| **WAS ANYONE INJURED?** |
|  |
| Name: |  | Age: |  |  M  F | Employer: |  |
|  |
| Address: |  | Phone: |  |
| (If more than one person was injured, complete a separate “Incident & Accident Report Form.”) |

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| **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 |  |
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| **ACTION** |
|  |
|  What action has been taken to prevent a reoccurrence? |  |
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| **FORM COMPLETED BY:** |
|  |
| Name: |  | Title: |  | Phone: |  |
|  |  |  |  |
| Address: |  | Date: |  |
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