



Sample injury form

Injury form			
Name of injured person: <i>Sam Poulos</i>		Position in company: <i>Orderperson</i>	
Date of birth: <i>24 March 1976</i>		Phone number: <i>9444 4444</i>	
Action taken: <input checked="" type="checkbox"/> First aid given <input type="checkbox"/> Sent to doctor <input type="checkbox"/> Taken to hospital			Time/date: <i>8.45am 4/9/14</i>
Nature of injury or illness: <i>Cut to left hand</i>			
Treatment given: <i>Antiseptic and bandage applied by first aid officer</i>			
Cause of incident: <i>Breaking steel strapping on a pallet of stock</i>			
Corrective action recommended to prevent recurrence: <i>Wear gloves while doing this job</i>			
Person responsible for implementing corrective action: <i>Jill May (Safety Officer)</i>			
Corrective action completed: <i>Yes</i>	Name: <i>Jill May</i>	Signature: <i>J. May</i>	Date: <i>10/9/14</i>