

Accident / Incident Report - Staff



**FREE REFORMED
SCHOOL ASSOCIATION**

My heart I offer to You Lord - promptly and sincerely

School / Department: _____

Date and time of accident: _____ Location: _____

Name of person injured in the accident/incident: _____

Details including cause of the accident/incident:

Action taken, and treatment involved:

Who did you report the occurrence to?

If you didn't report the occurrence immediately, please state reason:

Name of witness(es) to the accident/incident:

Signature (injured staff): _____

Date: _____

Follow up required:

Manager / Principal Signature: _____

Date: _____

Follow up action taken by: _____

Signature: _____

Date: _____

THIS REPORT IS TO BE FORWARDED TO FRSA ADMINISTRATION