

## REGISTER OF INJURIES

Name of injured person: \_\_\_\_\_ Gender: Male  Female

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Position (e.g. volunteer) \_\_\_\_\_

Date and time of injury: Date:        /        /        Time:        am/pm

Nature of injury, including body parts affected: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cause of injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of witness/es: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Treatment administered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of First Aid attendant: \_\_\_\_\_

Was the person referred for further treatment?                      Yes                       No

Was an **Accident Incident Report** form completed:                      Yes                       No

### PROJECT MANAGER ACKNOWLEDGEMENT

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date:        /        /