

INCIDENT REPORT FORM				
RESORT	BARGARA			
DATE OF INCIDENT				
TIME OF INCIDENT				
REPORTED TO WHOM				
FULL INCIDENT DETAILS – INCLUDE DRAWINGS/PHOTOS				
INJURY – N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>				
NATURE OF INJURY				
OPEN WOUND <input type="checkbox"/>	FRACTURE <input type="checkbox"/>			
CONCUSSION <input type="checkbox"/>	INTERNAL INJURY <input type="checkbox"/>			
BURN <input type="checkbox"/>	OTHER <input type="checkbox"/>			
CONTUSION/CRUSH <input type="checkbox"/>	SPRAIN/STRAIN <input type="checkbox"/>			
LOCATION OF INJURY				
HEAD/FACE <input type="checkbox"/>	EYE <input type="checkbox"/>	BACK <input type="checkbox"/>		
HAND/FINGERS <input type="checkbox"/>	SHOULDERS/ARMS <input type="checkbox"/>	INTERNAL ORGANS <input type="checkbox"/>		
HIP/LEG <input type="checkbox"/>	FOOT/TOES <input type="checkbox"/>	OTHER <input type="checkbox"/>		
RESULTS OF ACCIDENT				
LOST TIME INJURY	Y/N	NO. OF DAYS:	WORKERS COMPENSATION	Y/N
TREATMENT RECEIVED:				
FIRST AID <input type="checkbox"/>	DOCTOR <input type="checkbox"/>	HOSPITAL <input type="checkbox"/>		
RECOMMENDATIONS FOR ACTION				
NAME	WITNESS			
SIGNATURE	SIGNATURE			
DATE	DATE			