



Accident, incident and declaration

*** This form must be completed when an accident, incident or first aid takes place and returned to campus management once completed.*

NAME OF THE PERSON

FUNCTION OR JOB OF THE PERSON

DATE AND TIME OF THE ACCIDENT OR INCIDENT

LOCATION OF THE ACCIDENT OR INCIDENT

DESCRIPTION AND CAUSE OF THE ACCIDENT OR INCIDENT

INJURY AND NOT FEELING WELL

FIRST AID AND TRANSPORT

Signature

Person

First Aid