

Standard Operating Procedures

Injury Report Form

Name of RSO: _____

Date of incident: _____

Name of injured/ill: _____

Time of incident: _____

Describe the nature and extent of injury/illness:

Describe how the injury/illness occur:

Who provided aid to the injured/ill person: _____

Describe the aid given to the injured/ill:

Was EMS notified: _____

What aid, was provided to the injured/ill person by EMS:

Where was the injured/ill person taken: _____

Describe the location and condition of the area involved:

Was protective equipment worn at the time of injury/illness, describe:

Describe the equipment involved in the incident:

List all witnesses to the incident:

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

Name: _____
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Name: _____
Address: _____
Phone: _____

Notes and Comments:

Follow-up and disposition:

Incident Report completed by:

Name: _____ Title: _____

Signature: _____

Date:

Standard Operating Procedure Witness Statement Form

Name: _____

Address: _____

Phone: _____

Describe in Detail how the injury/illness occurred:

Describe the location and condition of the area the injury/illness took place:

Was protective equipment worn at the time of the injury/illness:

Describe steps taken to preserve the scene the injury/illness took place:

What role did you take in assisting the RSO in providing aid:

Comments/Notes:

Signature: _____

Date: