

ACCIDENT REPORT FORM



Please Forward To:

The Injury Management Consultant
Hospitality Training Network Ltd.
P.O. Box 198
ROSEVILLE NSW 2069
PHONE: 02 9495 4444
FAX: 02 9495 4455

Apprentice/Trainee Name:

Apprentice No.:

Address:

.....P'Code.....

Telephone Numbers: Home: (.....)..... Mobile:

DETAILS OF ACCIDENT:

1. Date of Accident: ____ / ____ / ____ Time of Accident: _____ am/pm

2. Where did the accident happen? _____

3. Were there any tools or equipment involved in the accident? Yes / No

4. If so, please give details: _____

5. Were any other people present at the time of the accident? Yes / No

6. If so, please give details: _____

7. What is the nature of the injury _____

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8. Was the accident reported immediately? Yes / No

9. If so, who was the accident reported to? _____

10. What action was taken after the injury? (eg First aid, Doctor, Hospital etc)

11. Do you have a medical certificate relation to this injury? Yes / No

12. If so, please attach to this form!

13. State briefly how the accident happened: _____

14. Please sign and date this form:

Signature of Apprentice / Trainee

____/____/____
Date