

## INCIDENT / INJURY REPORT

(Non-Employee)

Name			
Address	•		_
Phone Date	e of Incident/Injury	Time	AMPM
Reason for visit to facility			
Location of incident:			
Description: (cause of injury, body part injury)			
Description: (cause of injury, body part injury)	area, type or injury)		
Did you report injury? Yes No	if no, why not?		
First Aid Required? YesNo			
Injured Transported? No Hospital _		_	
injured Transported: No Hospital_	TionicOuter		
Witnesses: (Name & Phone Number)			
(A)			
(B)			
Staff Members: (On Duty)			
(A)			
(B)			
Additional Comments:			
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Prepared By:	Title		
(Print)	Date	e	
(Signature			