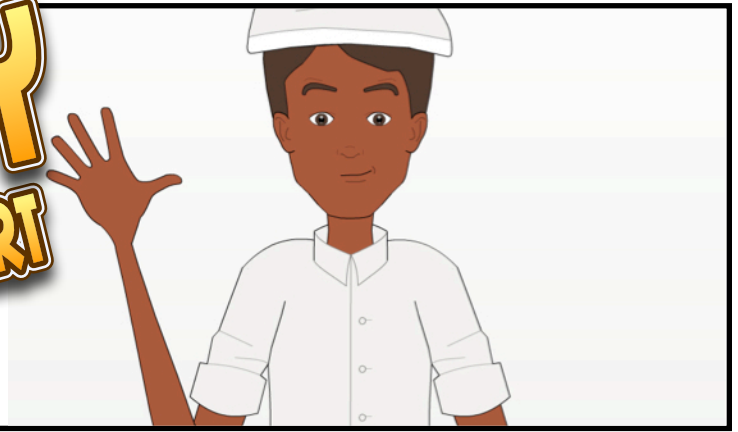


# BOB'S STORY

## ACCIDENT AND INJURY REPORT



Bob is an apprentice butcher.

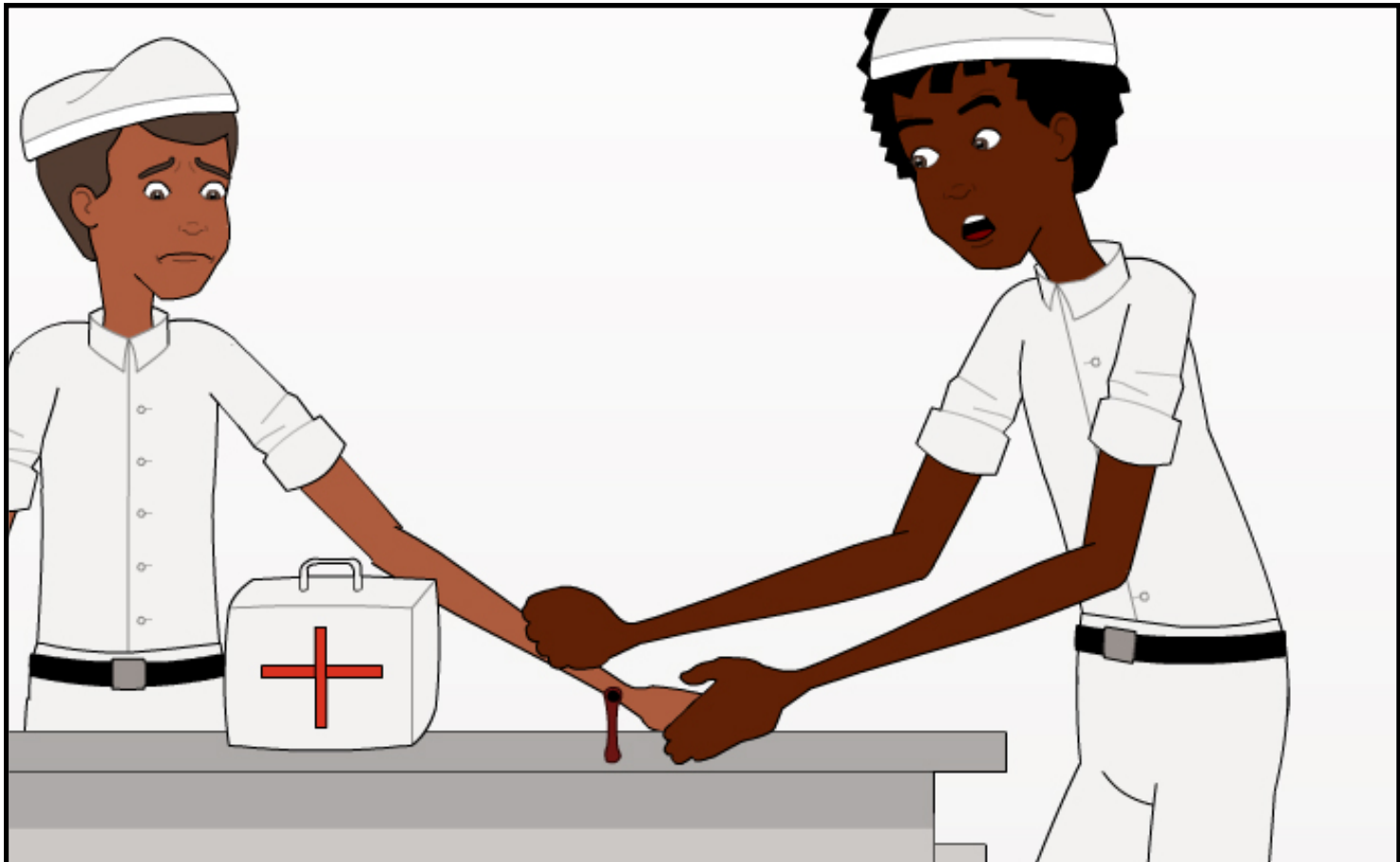


Bob cut his hand whilst slicing up meat to be sold.

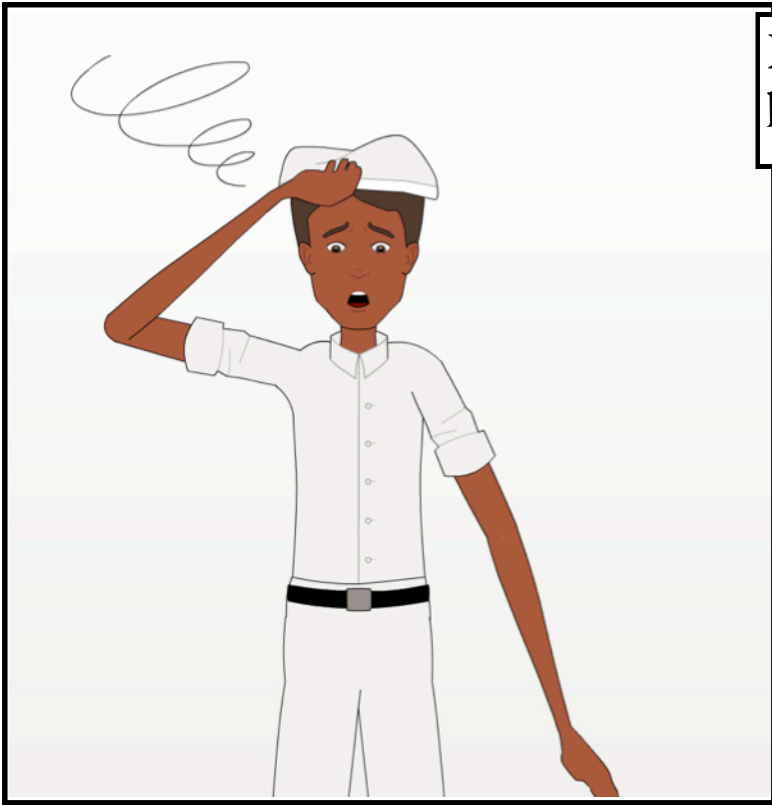
One of the other butcher's, Jake, distracted him with a joke whilst he was cutting the meat.



Bob wasn't concentrating on what he was doing and that's why he cut himself.



Jake rushed over and performed first aid on Bob's cut hand. He cleaned the cut and put a bandage on it.



Bob felt a bit dizzy and went home for the rest of the day.



Jake tells his boss, John, when he gets in and John asks him to fill in an Incident and Injury form.



Help Jake fill out the Incident and Injury form.  
Fill in all of the boxes you can. Leave the boxes you can't answer blank.

## Incident / Injury Report Form

### Details of injured person:

Name:		Position:	
Age:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Details of incident:

Time of incident:		Date of incident:	
Address of workplace:	Location of incident (eg cleaning storage area):		

**Brief description of the incident:** (include a description of the work being done at the time, include drawings of the incident if necessary)

--

**Injury:** (include a brief description of the nature and extent of any injury)

--

Employment

Visit to doctor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Admitted to hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Damage:** (include a brief description of any damage to work area or equipment)

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**Details of witnesses:**

Name:		Position:	
Name:		Position:	
Name:		Position:	

**Injury reported to:**

Name:		Position:	
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Date:		Employee signature:	
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# JANE'S STORY

## ACCIDENT AND INJURY REPORT



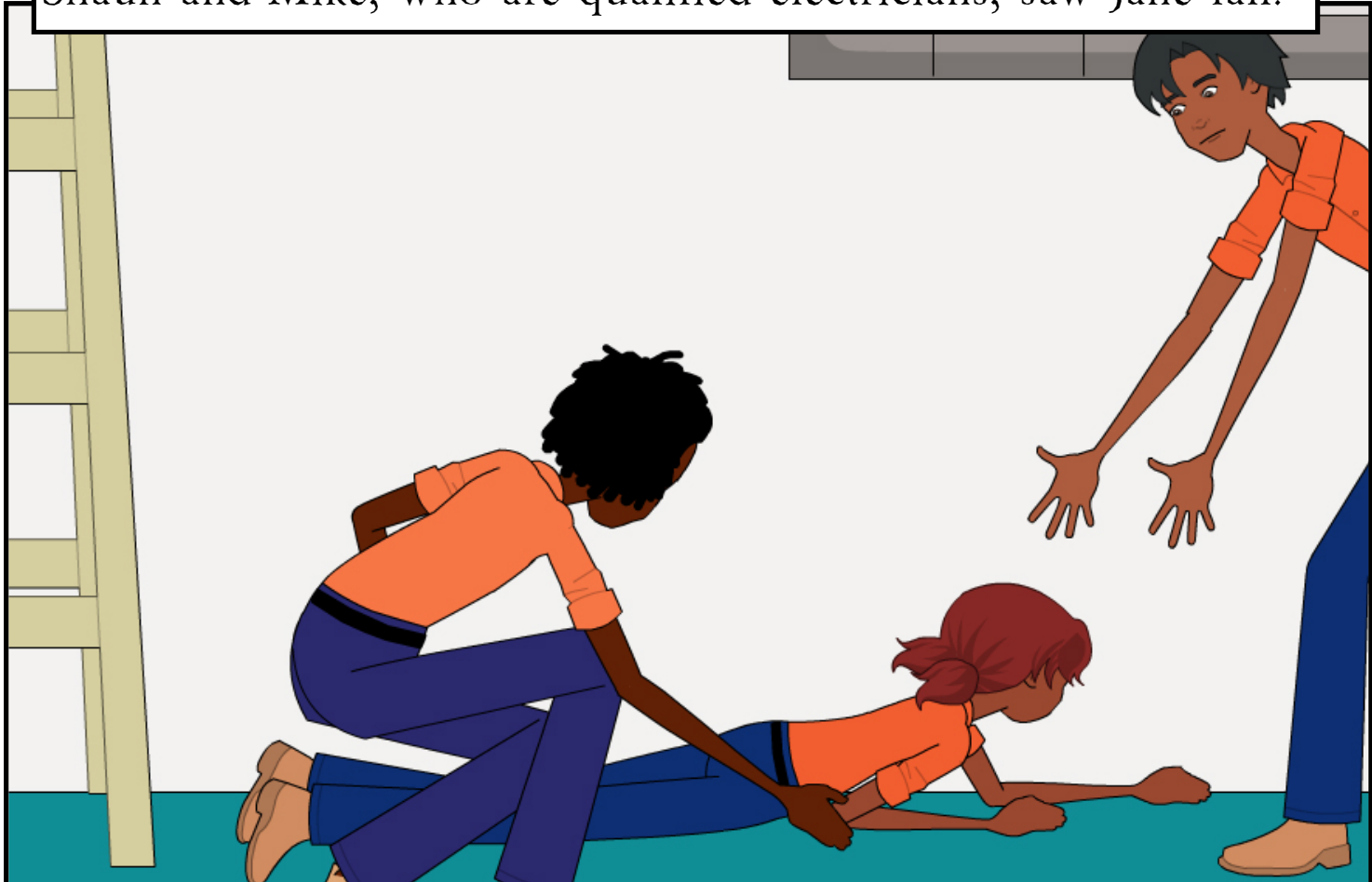
Jane is an electrical apprentice and is 17 years old.



On the 22/2/2015, at 12.10pm, Jane fell from a ladder to the ground.



Shaun and Mike, who are qualified electricians, saw Jane fall.

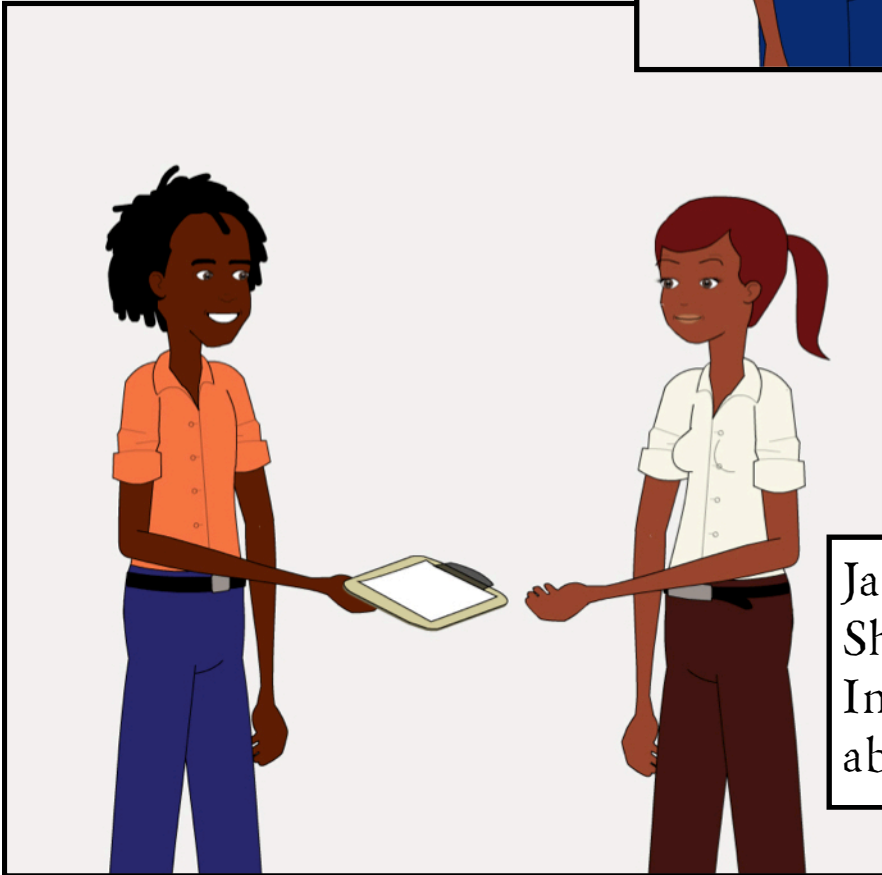


They checked to see if she was OK and helped her get up.



Jane said she felt OK and was not hurt. She went back to work afterwards because she didn't think she needed to see a doctor.

Jane found that the tools she was using were damaged by the fall from the ladder.



Jane's boss, Sheila, asked Shaun to fill out an Incident and Injury form about what happened.





Help Shaun fill out the Incident and Injury form.  
Fill in all of the boxes you can. Leave the boxes you can't answer blank.

## Incident / Injury Report Form

### Details of injured person:

Name:		Position:	
Age:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Details of incident:

Time of incident:		Date of incident:	
Address of workplace:		Location of incident (eg cleaning storage area):	

**Brief description of the incident:** (include a description of the work being done at the time, include drawings of the incident if necessary)

--

**Injury:** (include a brief description of the nature and extent of any injury)

--

Employment

Visit to doctor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Admitted to hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Damage:** (include a brief description of any damage to work area or equipment)

--

**Details of witnesses:**

Name:		Position:	
Name:		Position:	
Name:		Position:	

**Injury reported to:**

Name:		Position:	
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Date:		Employee signature:	
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# LINDA'S STORY

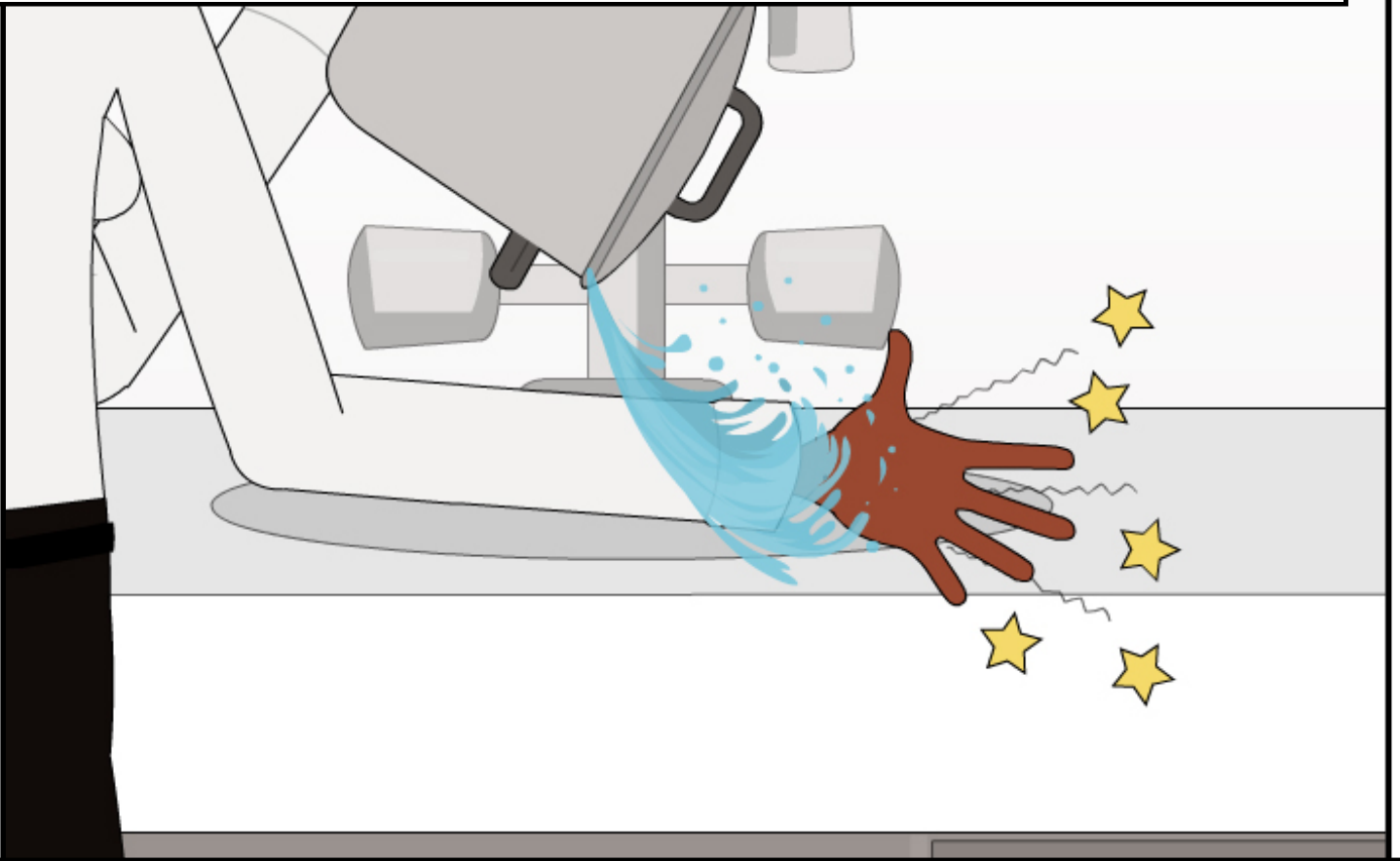
## ACCIDENT AND INJURY REPORT



Linda works at the local takeaway shop as a kitchen hand.



At 2.45pm, she spilled some boiling water on her hand when she was draining some cooked pasta.

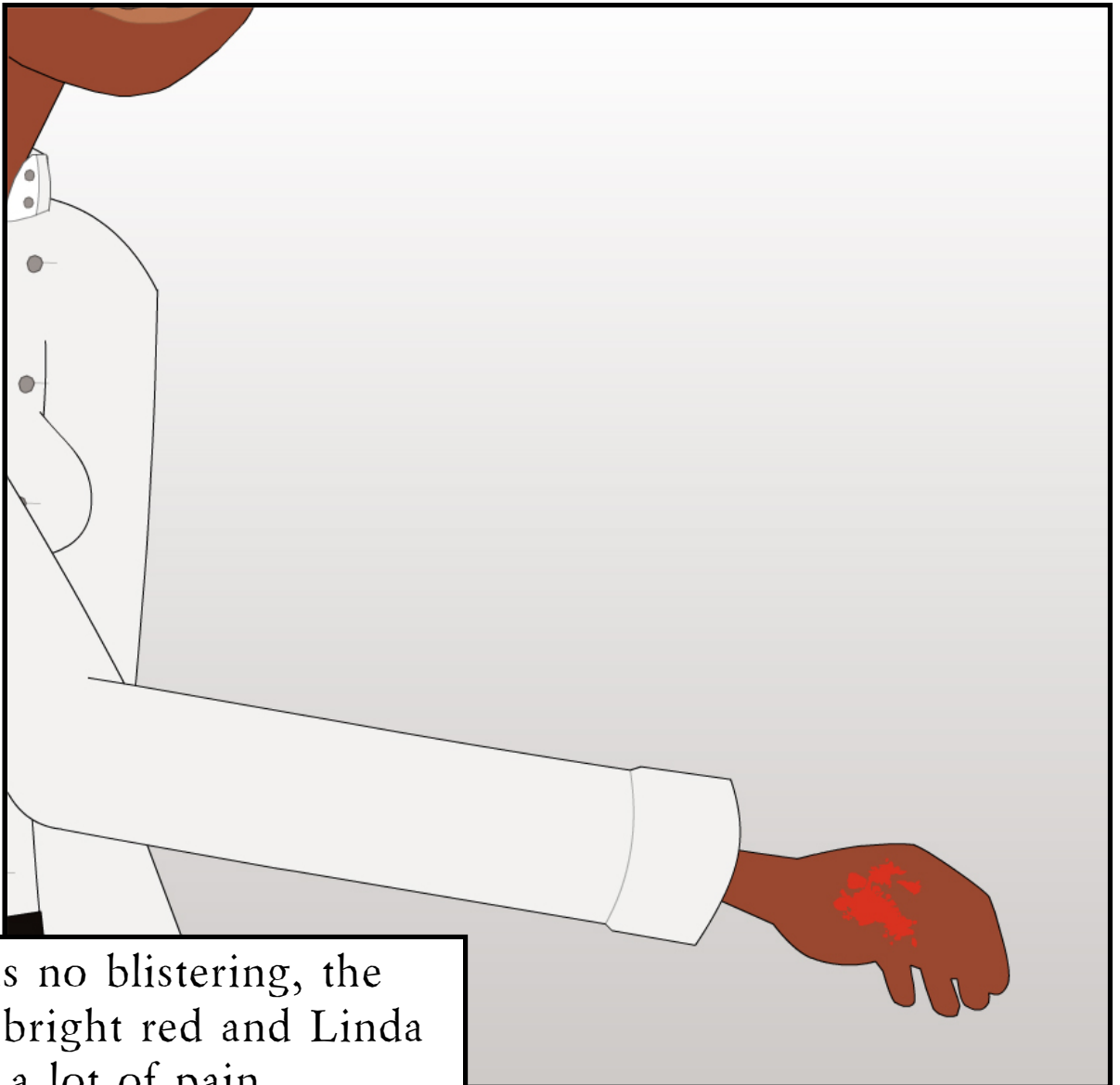


She dropped the pot into the sink and the pasta went everywhere.



She ran her hand under some cold water and then got some ice to put on the burn.

She notified Michelle, the cook. Michelle took a lot at the burn but didn't think it looked too bad.



There was no blistering, the skin was bright red and Linda wasn't in a lot of pain.

Linda went back to work.



Michelle was asked to complete an Incident and Injury report.



Help Michelle fill out the Incident and Injury form.  
Fill in all of the boxes you can. Leave the boxes you can't answer blank.

## Incident / Injury Report Form

### Details of injured person:

Name:		Position:	
Age:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Details of incident:

Time of incident:		Date of incident:	
Address of workplace:		Location of incident (eg cleaning storage area):	

**Brief description of the incident:** (include a description of the work being done at the time, include drawings of the incident if necessary)

--

**Injury:** (include a brief description of the nature and extent of any injury)

--

Employment

Visit to doctor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Admitted to hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Damage:** (include a brief description of any damage to work area or equipment)

--

**Details of witnesses:**

Name:		Position:	
Name:		Position:	
Name:		Position:	

**Injury reported to:**

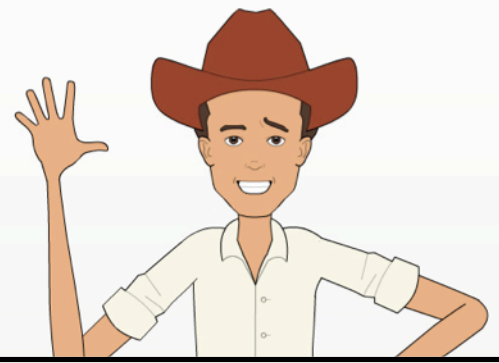
Name:		Position:	
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Date:		Employee signature:	
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# MICK'S STORY

## ACCIDENT AND INJURY REPORT



Mick is training to be a stockman at Middlesborough Station.



Whilst trying to move cattle from one pen to another, Mick got too close...

...and his foot was stomped on by the cattle.



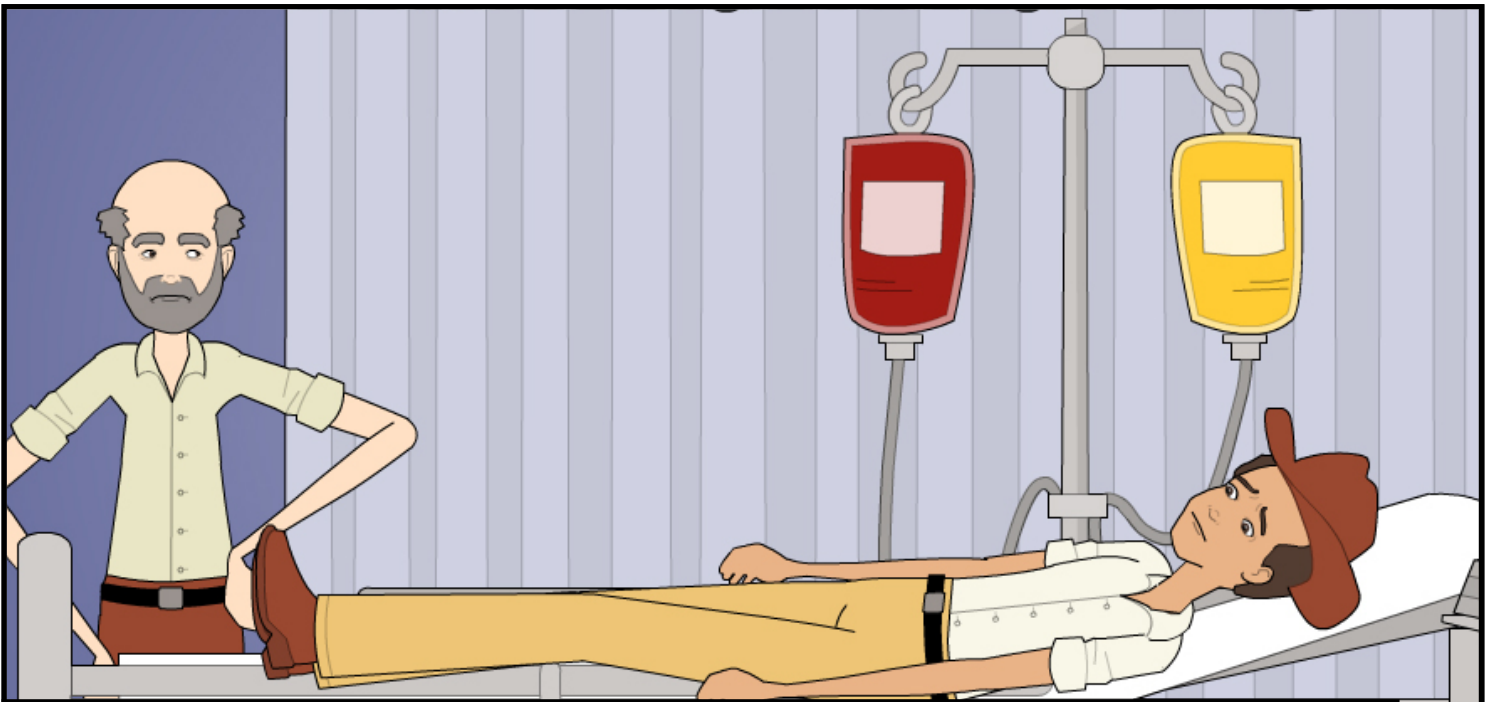
Mick limped over to the gate, to close the cattle in and went to see his supervisor in the office.



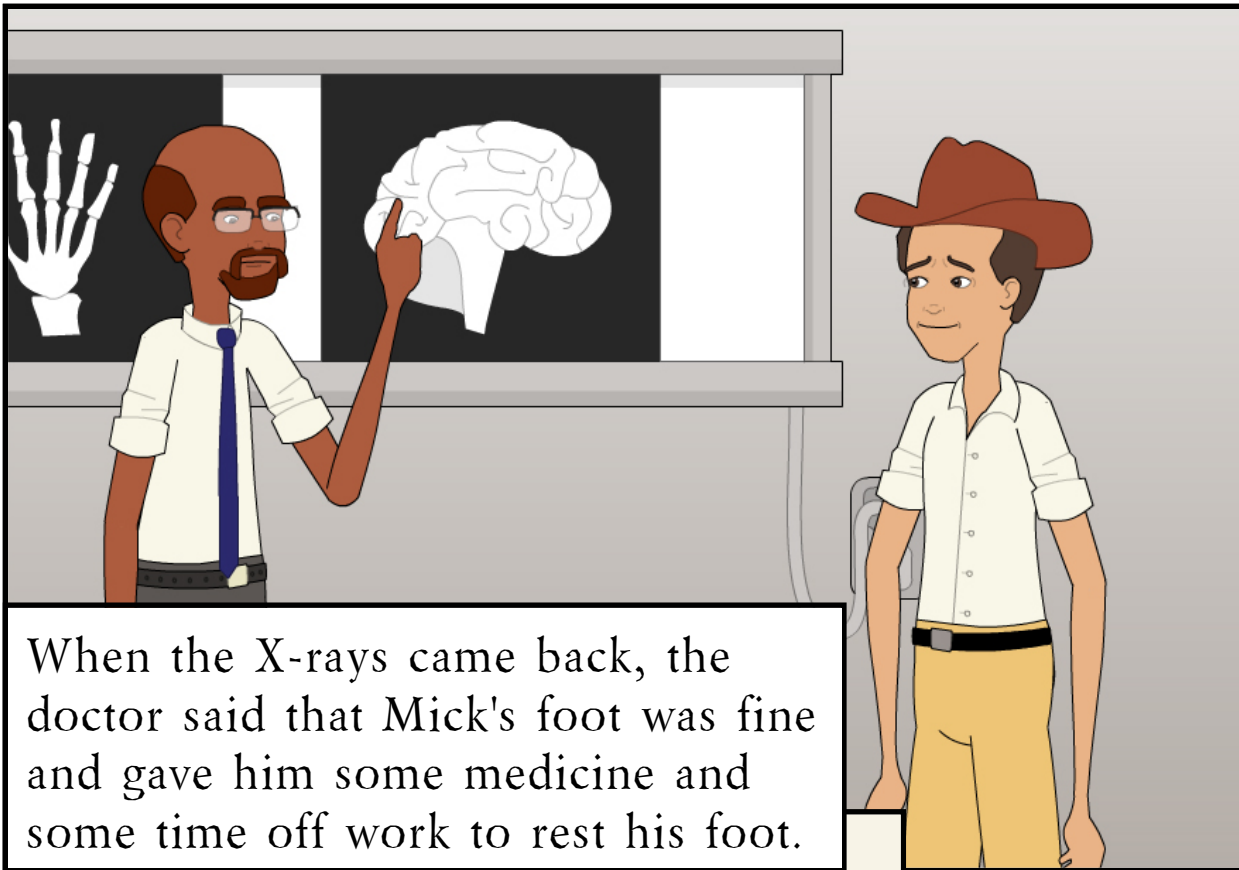
Mick, you need to see a doctor to make sure your foot is OK.



Gary, his supervisor, checked out Mick's foot.



They drove into town and saw a doctor who ordered an X-ray to make sure there was no broken bones in Mick's foot.



When the X-rays came back, the doctor said that Mick's foot was fine and gave him some medicine and some time off work to rest his foot.



Gary was asked by the Station manager to fill out an Incident and Injury report.



Help Gary fill out the Incident and Injury form.  
Fill in all of the boxes you can. Leave the boxes you can't answer blank.

## Incident / Injury Report Form

### Details of injured person:

Name:		Position:	
Age:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Details of incident:

Time of incident:		Date of incident:	
Address of workplace:		Location of incident (eg cleaning storage area):	

**Brief description of the incident:** (include a description of the work being done at the time, include drawings of the incident if necessary)

--

**Injury:** (include a brief description of the nature and extent of any injury)

--

Employment

Visit to doctor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Admitted to hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Damage:** (include a brief description of any damage to work area or equipment)

--

**Details of witnesses:**

Name:		Position:	
Name:		Position:	
Name:		Position:	

**Injury reported to:**

Name:		Position:	
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Date:		Employee signature:	
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# ANTHONY'S STORY

## ACCIDENT AND INJURY REPORT



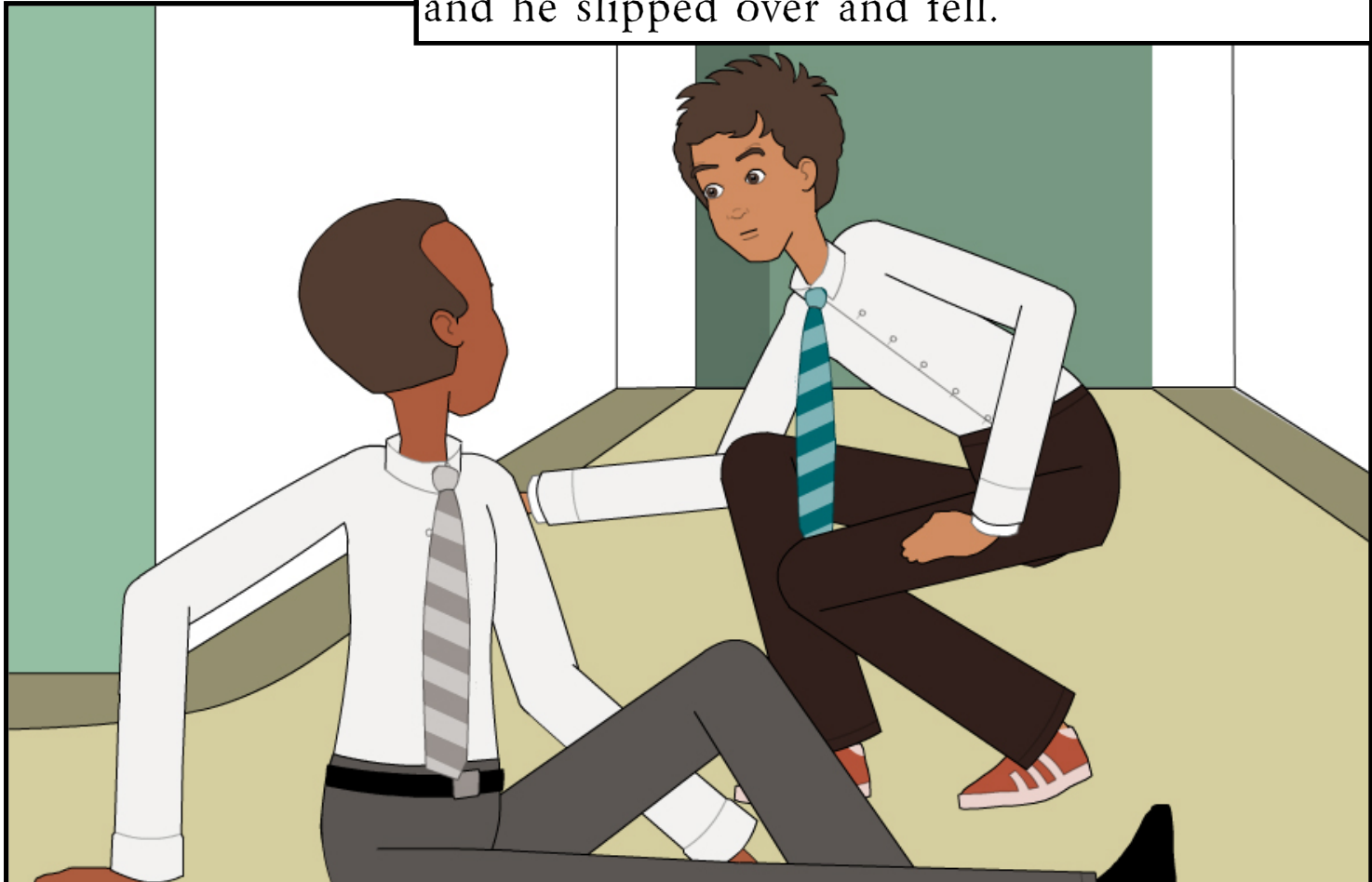
Anthony is an office worker.



On the 15/2/2015, at 9.15am, Anthony was in an accident at work.



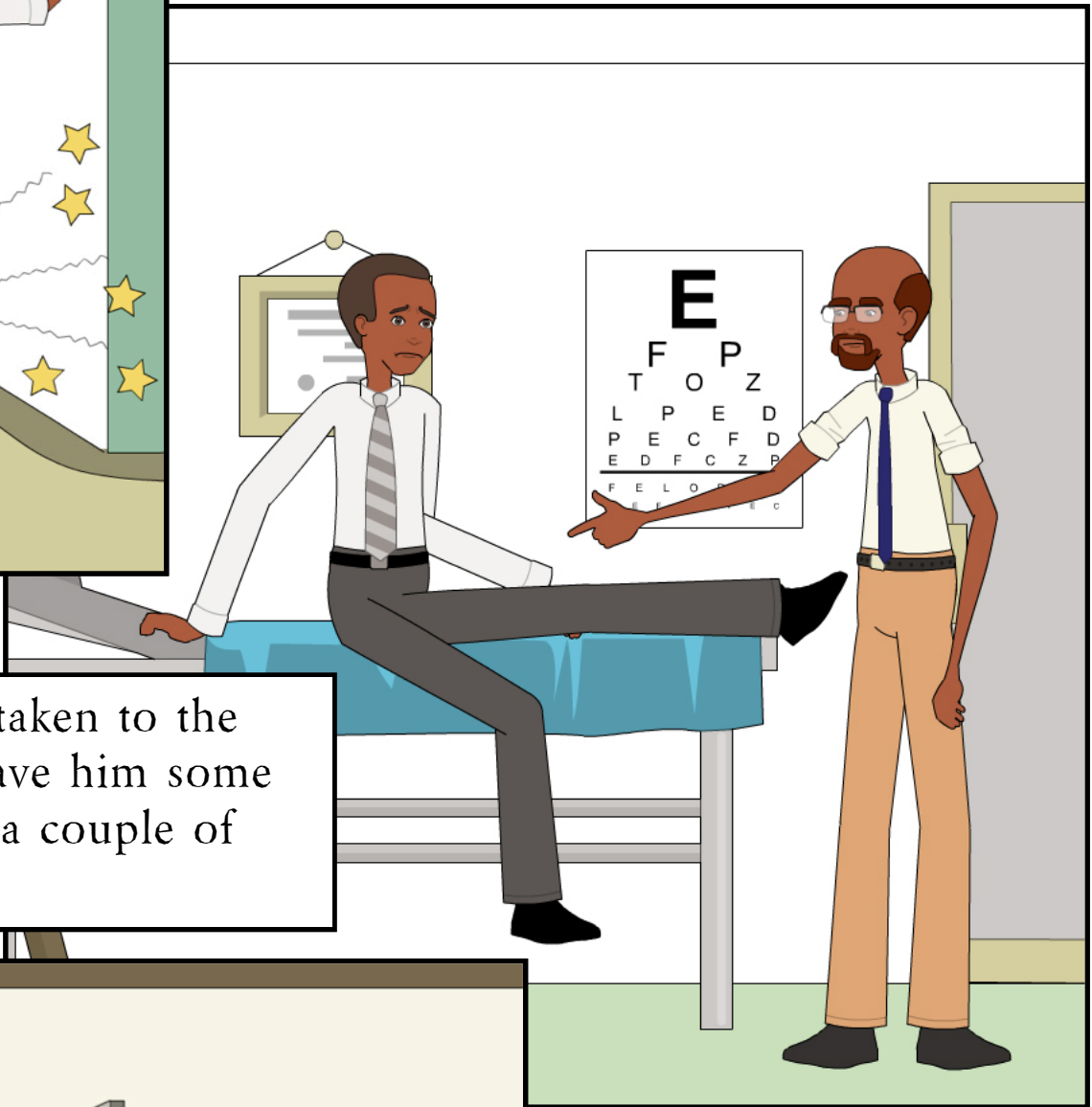
He didn't realise the floor was being mopped and he slipped over and fell.



Matt, who is also an office worker, helped Anthony get up...



...but Anthony's leg was too sore for him to stand on.



Anthony was taken to the doctor who gave him some medicine and a couple of days off work.



Anthony's boss, Jill, asked Matt to fill out an Incident and Injury form about what happened.





Help Matt fill out the Incident and Injury form.  
Fill in all of the boxes you can. Leave the boxes you can't answer blank.

## Incident / Injury Report Form

### Details of injured person:

Name:		Position:	
Age:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Details of incident:

Time of incident:		Date of incident:	
Address of workplace:		Location of incident (eg cleaning storage area):	

**Brief description of the incident:** (include a description of the work being done at the time, include drawings of the incident if necessary)

--

**Injury:** (include a brief description of the nature and extent of any injury)

--

Employment

Visit to doctor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Admitted to hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Damage:** (include a brief description of any damage to work area or equipment)

--

**Details of witnesses:**

Name:		Position:	
Name:		Position:	
Name:		Position:	

**Injury reported to:**

Name:		Position:	
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Date:		Employee signature:	
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