

INJURY ON ARRIVAL FORM

Once completed this form should be detached from the file and passed to the person responsible for Health and Safety in the nursery

DATE TODAY -

NAME OF CHILD INVOLVED -

NAME OF STAFF MEMBER

POSITION -

DATE OF ACCIDENT -

TIME OF ACCIDENT -

PLACE OF ACCIDENT -

TYPE OF INJURY (please record site of injury on body map)

PARENTS EXPLANATION OF HOW ACCIDENT HAPPENED

STAFF SIGNATURE -

PARENTS SIGNATURE -

FURTHER INFORMATION -

SIGNATURE OF TEAM LEADER - DEPUTY MANAGER - MANAGER

DATE -

REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES
1995 FOR THE EMPLOYER ONLY - COMPLETE THE BOX PROVIDED IF THE
INCIDENT IS REPORTABLE UNDER RIDDOR.

HOW REPORTED -

DATE REPORTED -

EMPLOYERS NAME -

REPORT PASSED TO PERSON RESPONSIBLE FOR HEALTH AND SAFETY.

DATE -