

**PEMBROKE COLLEGE**

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| **FIRST AID REPORT – STAFF MEMBER ONLY** |

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| ***For HR use****Form No*: |

*This form* ***MUST*** *be completed by a First Aider.*

Name of First Aider:

**DETAILS OF THE INJURED STAFF MEMBER**

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Name: Home Address

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Department:

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Phone No:

**DETAILS OF THE ACCIDENT:**

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Date of the accident: Time: Location:

**ABOUT THE INJURY:**

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Location of the injury on the body, (left / right arm, leg etc.):

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Describe the injury:

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Describe how the accident happened including any substance or equipment

involved:

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Details of first aid administered:

**WITNESSES:** The above accident was witnessed by:

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Name: Address &

 Phone No.

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Job Title:

**SIGNATURE OF FIRST AIDER:** ……………………………………………. **DATE**:…………………………

***Please return this form to the HR Office in the first instance***