

**PEMBROKE COLLEGE**

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

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

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

Name of First Aider:

**DETAILS OF THE INJURED STAFF MEMBER**

|  |
| --- |
|  |

|  |
| --- |
|  |

Name: Home Address

|  |
| --- |
|  |

Department:

|  |
| --- |
|  |

Phone No:

**DETAILS OF THE ACCIDENT:**

|  |
| --- |
|  |

|  |
| --- |
|  |

|  |
| --- |
|  |

Date of the accident: Time: Location:

**ABOUT THE INJURY:**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

Describe the injury:

|  |
| --- |
|  |

Describe how the accident happened including any substance or equipment

involved:

|  |
| --- |
|  |

Details of first aid administered:

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

|  |
| --- |
|  |

|  |
| --- |
|  |

Name: Address &

Phone No.

|  |
| --- |
|  |

Job Title:

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

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