## **School Staff Accident Record**

Staff Name
Position
Department
Date of Accident
Time of Accident
Time of Accident
Location
Details of Accident
Apparent Cause
Nature of Injury
First Aid Given
FIISTAID GIVEIT
A ( T   1   1   1   1   1   1   1   1   1
Action Taken / Recommended
Reported By

Date Reported		
Signature		