

Cryogenic Burns Incident Report

Incident Details

Date of Incident

Time of Incident

Location of Incident

Brief Description of Incident

Injured Person Details

Name

Role/Position

Contact Information

Injury Information

Area of Injury

Severity of Injury

First Aid Administered

Witnesses

Name(s) of Witnesses

Follow-Up Actions

Actions Taken After Incident

Reported To (Name & Position)

Date Reported