Event Venue Staff Accident Report

Date of Accident
Time of Accident
Accident Location (Area/Room)
Accident Location (Alean Com)
Staff Name
Position/Role
Contact Number
Description of Assidant
Description of Accident
Type of Injury (if any)
First Aid / Treatment Provided
Witnesses (names & contacts)
Reported To (supervisor/manager)
Data Papartad
Date Reported
Time Reported
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Further Action / Follow Up Required