Bed & Breakfast Injury Notification

| Date of Notification |
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| |
| Guest Name |
| |
| |
| Room Number |
| |
| |
| Guest Contact Information |
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| |
| Date & Time of Injury |
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| |
| Location of Incident |
| |
| |
| Description of Injury |
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| |
| Circumstances of Incident |
| Circuitstances of incident |
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| |
| Actions Taken (e.g., First Aid, Medical Assistance) |
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| Witnesses (Names & Contact Info) |
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| |
| Additional Notes |
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