Food Preparation Area Burn/Scald Incident Form

Date of Incident
Time of Incident
Location/Area
Name of Injured Person
Position/Job Title
Type of Incident (Burn/Scald)
Body Part Affected
Body Fart Allected
Brief Description of Incident
How did the Incident Happen?
Immediate Action Taken
First Aid Provided
Person Completing the Form
Data
Date
Signature