



Register of Injury

Date: ____/____/____ Record no. _____

INJURED PERSON'S PARTICULARS / PERSON INVOLVED			
Surname		Given names	
Sex (M / F)			
Address			
Street	State	Postcode	Phone
Date of birth ____/____/____		Occupation	
Employer			
Address			
Street	State	Postcode	Phone
ACCIDENT / INCIDENT DETAILS			
Date of event ____/____/____		Time of event ____:____ am / pm	
Operation and Area the person was engaged in at the time			
Description of injury			
Cause of injury			
Treatment given / Action taken			
Name of person administering First Aid			
Any referral for further treatment			
Signature of person completing this form		Signature of Witness	

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Details

Size: A5 **Pricing Unit:** unit/1 **Carton QTY:** 100 The AEROGUIDE stationary range covers a number of common stationary requirements applicable to the First Aid Industry.

Register of Injuries Pad Duplicate

A handy pad for recording all necessary injury detail in duplicate for records

- A5
- 25pg



More Information

MANUFACTURER_MS	Germany
MODEL NUMBER_MS	K61SD521
ECOLABEL_MS	yes