SINA INSTITUTE OF NURSING AND ALLIED HEALTH SCIENCES QUETTA
DOCTOR SHAIR MUHAMMAD ROAD QUETTA
✉ Email: sinahsquetta75@gmail.com
✆PHONE: 0311-8013611

ACCIDENT/INCIDENT REPORT FORM

Date of Incident: _____ Date: _____AM/PM

Name of Injured Person: _____

Address: _____

Phone Number (s): _____

Date of Birth: _____ Male: _____Female: _____

Who was injured person? (Circle one) Passenger System Employee

Type of Injury: _____

Details of incident: _____

_____

_____

Injury requires physician/hospital visit? Yes: _____ No: _____

Name of Physician/hospital:_____

Address: _____

Physician/hospital phone number: _____

_____ _____

Signature of injured party Date:

***No Medical attention was desired and/or required.**

_____ _____

Signature of injured party Date:

Return this form to safety Coordinator within 24 hours of incident.

Student Name: _____Batch: _____Semester:_____

Student Signature: _____Teacher Signature: _____Date:_____