

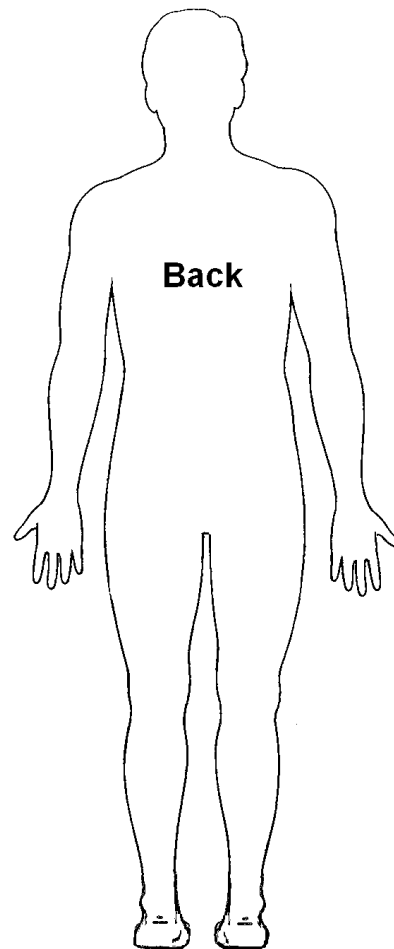
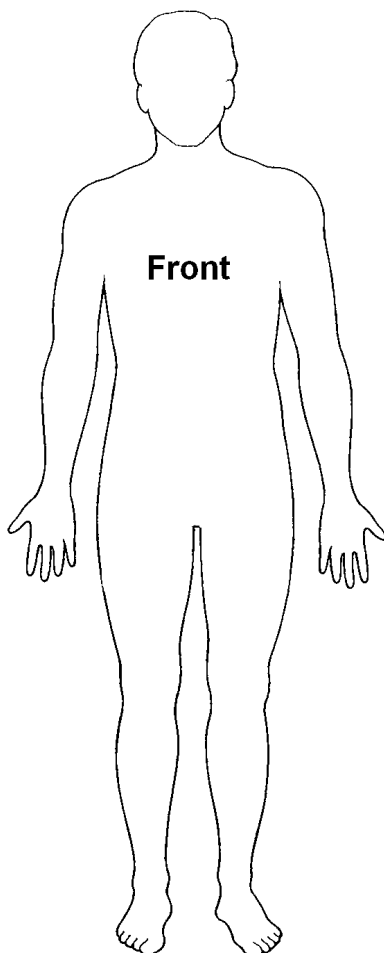
Incident / Accident Body Map Form

Fill this out for injuries to people you support. Also use it for injuries to staff when it is difficult to describe the location of the injury

Date and time of injury

Name of injured person:

Now please mark the injury on the body map



More details of injury:

Name of person completing this form:

Signature:

Date:

When you have completed this form, please attach it to the incident/accident report form.