

APRA INJURY REPORT FORM

RSO _____ DATE OF INJURY _____

INJURED _____ TIME OF INJURY _____

1. Describe nature and extent of injury

2. How did injury occur

3. Describe first aid given

4. First aid provided by _____

5. Location of incident and condition of area - as well which range

6. Was protective equipment being worn at time of injury

7. How did you preserve the scene

8. Witness statement

Get name, address and phone numbers. Give them a WITNESS STATEMENT form to write out what they saw and attach them to this report.

9. Notes, comments and signature

