

APPENDIX 48

ACCIDENT REPORT FORM

The following particulars of ALL accidents must immediately be reported to the
Chairperson of the Board of Management

Query

Reply

| | | |
|---------------------------------|---|-------|
| 1. | Place where accident occurred: | <hr/> |
| 2. | Date and time of accident: | <hr/> |
| 3. | State cause of accident: | <hr/> |
| 4. | Give detailed account of accident stating as fully as possible the nature and result: | <hr/> |
| 5. | Did the injured person cease class/work? | <hr/> |
| 6. | Name and address of person injured: | <hr/> |
| 7. | Name and address of witness of accident: | <hr/> |
| 8. | Signature of person in charge at time when accident occurred: | <hr/> |
| Signature of principal teacher: | | <hr/> |
| Date: | | <hr/> |

The Insurance Company issues its own Report Form.

It is useful to have copies of the Form available to the principal teacher of the school.