

# PRESENTER INCIDENT REPORT

PRESENTER INFORMATION		INCIDENT INFORMATION	
NAME		DATE	
		TIME	
DATE FORM COMPLETED		LOCATION	
		WITNESS	

DESCRIBE WHAT HAPPENED IN DETAIL INCLUDING TIMES AND LOCATIONS	
IF APPLICABLE, DESCRIBE ALL INJURIES IN DETAIL INCLUDING ANY PART(S) OF THE BODY AFFECTED	
NAME AND ADDRESS OF PHYSICIAN	IF APPLICABLE, NAME & ADDRESS OF HOSPITAL
COMMENTS FROM WITNESSES	OTHER COMMENTS

<b>WORK STATUS</b>		
Did the Presenter continue to work after the incident?	YES	NO
Did the Presenter require time off?	YES	NO
If yes, when did Presenter return to work?		

<b>PRESENTER</b>			
SIGNATURE		DATE	

<b>OFFICE STAFF</b>			
SIGNATURE		DATE	