CARRUS

| Employment Details | |
|--|-------------------|
| Employee's Full Name: Department/Location: Position Held: | |
| Treatment Details | |
| Date of Treatment: Time of Treatment: Person giving First Aid: Nature of the Injury: Treatment Provided: | |
| Has the accident / Injury been recorded in the Accident report form? Yes □ No □ Please note that all accidents / injuries and near misses must be reported in the accident investigation form | |
| | Date: Date: Date: |