



S.O.S. 013

**INJURY ON DUTY REPORT**

REPORT No.: ..... SITE : .....

This report is to be submitted to the Operations Manager in all cases where a Security Officer is receives an injury on duty. This includes whilst travelling to or from site. If the injury is such that the injured party is unable to complete this form, then it is to be filled out by his/her supervising officer.

Date of injury: ...../...../.....  
Time of injury: .....  
Place of injury: .....  
Nature of injury: .....  
Brief description of circumstances: .....  
.....  
Injured person's name: ..... No.: .....

Were Police called YES/NO If yes please state Officer's No.: .....  
Senior Officer informed YES/NO

Doctor's Name: ..... Hospital: .....

Fit to continue Duty YES/NO

Form completed by: ..... Date: ...../...../.....