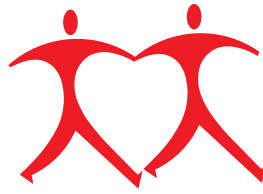


Accident Report



From: _____

CPR·U·S

www.cprus.com

PO Box 1845 Calhoun, GA 30703

678.665.0873

Date of Accident: _____

Time of accident: _____

Name of individual: _____

Location of Accident: _____

Equipment Involved: _____

How Did the Incident Happen? _____

What was the main injury from the accident? _____

Did the incident Involve any of the following (Circle what applies)

- | | | | |
|-------------|----------------------|------------------|------------|
| CPR | Head Injury | Eye Injury (L/R) | Foot (L/R) |
| AED | Breathing Assistance | Hand (L/R) | Poisoning |
| Electricity | Burn | Leg (L/R) | Arm (L/R) |
| A Fall | Allergic Reaction | Asthma Attack | Choking |

_____ **Sign**

_____ **Date**

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