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This insert is to be used for answering Question 5(a). Attempt this question **only** if you are using a **typewriter**.

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This document consists of **2** printed pages.

INITION OF A CAMPOINCE

ACCIDENT REPORT FORM

Injured Person

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Name: Address: Age: Department: **Details of Accident** Date and time: Place of accident: What happened? Witness/es: Injuries: Treatment: Was the injured person able to return to work immediately? YES/NO (Delete as appropriate) Signature of person reporting accident: Position: Date: