

FLORIDA SOCIETY OF GOLDSMITHS ACCIDENT REPORT

One per witness please: Forward to FSG, 719 Central Ave., St. Petersburg, FL 33701

Name of injured person, gender, and age: _____

House address of injured person: _____

Date and time of accident: _____

Is the person an FSG member? _____

Address where accident occurred: _____

Title of FSG workshop or event, if any: _____

Instructor name, if any, and phone: _____

Safety monitor name, if an, and phone: _____

Name of any one else in charge: _____

Describe the type of injury I detail: _____

Was an ambulance required? _____

If yes, provide name of hospital: _____

Describe the accident and how it happened: _____

Describe any first aid that was administered, and who administered it:

Provide the names and contact information for people who witnessed the accident: _____

Print you name _____ Your Signature _____