

A&R FOOD SERVICE CORPORATION

REPORT OF GUEST INJURY

Date: _____

Location: _____

Name of Guest: _____

Body Part(s) Injured (BE SPECIFIC– e.g. left ring finger, etc.): _____

Source of Injury: _____

Witnesses to Injury? [] Yes [] No

If Yes, Name(s) and Phone Number(s):

Did you offer the guest medical attention? [] Yes [] No

Did the guest accept medical attention? [] Yes [] No

Additional Remarks: _____

Signature of Person Completing this Form

Date