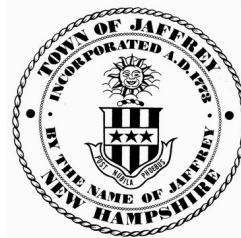




TOWN OF JAFFREY, NH

INJURY REPORT



Employee name: _____ Department: _____

Date of incident: _____ Time of incident: _____

Location: _____

Description of incident/injury: _____

Witness(s) name and address:

Medical Treatment: _____

Supervisor notified: (name and date) _____

Employee signature (if able – if not Supervisor)

Date

Distribution: Original to Finance Director, copy for employee, copy for Department Head