|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date /time** | **Person Injured** | **Medical sharp identified /type** | **Immediate Action taken** | **Further action to prevent recurrence, if any, and when closed** |
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Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Send to Fleet ICO on monthly basis*