

NHICS FORM 206 | STAFF INJURY PLAN

1. INCIDENT NAME:			2. FACILITY NAME:		
3. DATE PREPARED:		4. TIME PREPARED:		5. OPERATIONAL PERIOD:	
6. TREATMENT PLAN FOR INJURED/ILL STAFF					
LOCATION OF STAFF TREATMENT AREA (<u>INTERNAL</u>):					
TREATMENT AREA TEAM LEADER:			ALTERNATE TREATMENT AREA TEAM LEADER:		
SPECIAL INSTRUCTIONS:					
7. TREATMENT RESOURCES (<u>EXTERNAL</u>):					
NAME		PHONE		ADDRESS	
MD/DO					
NEAREST HOSPITAL/EMERGENCY ROOM					
ALTERNATE HOSPITAL/EMERGENCY ROOM					
OCCUPATIONAL HEALTH CLINIC					
8. PREPARED BY (SAFETY OFFICER):					