

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):			