



# UK-AFI

UNITED KINGDOM  
ASSOCIATION OF  
FIRE INVESTIGATORS®

## UK-AFI ACCIDENT/INCIDENT REPORT FORM

NAME: -----

DATE OF INCIDENT: -----

ADDRESS: -----

LOCATION OF INCIDENT: -----

-----

-----

-----

-----

-----

-----

TIME OF INCIDENT: -----

SIGNATURE  
OF INDIVIDUAL -----

NAME OF  
PERSON MAKING REPORT: -----



# UK-AFI

UNITED KINGDOM  
ASSOCIATION OF  
FIRE INVESTIGATORS®

RESULT OF ACCIDENT / INCIDENT					ADDITIONAL INFORMATION
HEAD			LEFT	RIGHT	
FACE		SHOULDER			
NECK		ARM PIT			
UPPER BACK		UPPER ARM			
LOWER BACK		LOWER ARM			
CHEST		ELBOW			
ABDOMEN		WRIST			
PELVIS / GROIN		HAND			
LIPS		BUTTOCKS			
TEETH		HIP			
TONGUE		THIGH			
NOSE		LOWER LEG			
FINGERS		KNEE			
TOES		ANKLE			
EARS		EYES			
FURTHER INFORMATION					



# UK-AFI

UNITED KINGDOM  
ASSOCIATION OF  
FIRE INVESTIGATORS®

## FURTHER INFORMATION