Republic of the Philippines
Office of the President
FILM DEVELOPMENT COUNCIL OF THE PHILIPPINES

FILM DEVELOPMENT COUNCIL OF THE PHILIPPINES

INJURY OR ILLNESS INVESTIGATION FORM

PRODUCTION TITLE: _____
PRODUCTION DATES: _____
LOCATION: _____
ADDRESS: _____
PRODUCTION DEPARTMENT _____

DETAILS OF THE INJURY OR ILLNESS	
DATE OF INCIDENT:	DATE REPORTED
TIME:	LOCATION:

THE INJURED OR ILL PERSON HE INJURED OR ILL PERSON	
NAME:	
ADDRESS:	
DATE OF BIRTH:	PHONE NUMBER:

TYPE OF INJURY OR ILLNESS

- ☐ Bruising
- ☐ Dislocation
- ☐ Sprain / Strain
- ☐ Scratch / Abrasion
- ☐ Internal
- ☐ Fracture
- ☐ Amputation
- ☐ Foreign Body
- ☐ Laceration / Cut
- ☐ Burn / Scald
- ☐ Chemical Reaction

☐ Others.
Please Specify: _____

BODY PART: _____

COMMENTS: _____

TREATMENT
TYPE OF TREATMENT:
NAME OF PERSON GIVING TREATMENT:
DOCTOR / HOSPITAL:

COMMENTS: _____

Republic of the Philippines
Office of the President
FILM DEVELOPMENT COUNCIL OF THE PHILIPPINES

FILM DEVELOPMENT COUNCIL OF THE PHILIPPINES

INJURY OR ILLNESS INVESTIGATION FORM

WAS THIS A NOTIFIABLE EVENT?	☐ YES ☐ NO
WAS IT REPORTED TO DOLE BUREAU OF WORKING CONDITIONS? ☐ YES ☐ NO	DATE OF NOTIFICATION:
PERSON WHO NOTIFIED:	

COMMENTS: _____

THE INCIDENT

DESCRIBE WHAT HAPPENED: _____

DESCRIBE THE CAUSE OF THE INCIDENT: _____

HOW SERIOUS COULD IT HAVE BEEN?	☐ MINOR	☐ SERIOUS	☐ VERY SERIOUS
HOW OFTEN IS IT LIKELY TO HAPPEN AGAIN?	☐ NOT OFTEN	☐ OCCASIONALLY	☐ OFTEN

Republic of the Philippines
Office of the President
FILM DEVELOPMENT COUNCIL OF THE PHILIPPINES

FILM DEVELOPMENT COUNCIL OF THE PHILIPPINES

INJURY OR ILLNESS INVESTIGATION FORM

PREVENTION

HOW WILL YOU STOP ANOTHER INCIDENT LIKE THIS HAPPENING?

ACTION	WHEN	WHO	REMARKS

FURTHER COMMENT

PREPARED BY:

Name and Signature of the Health and Safety Officer
Date: _____

NOTED BY:

Name and Signature of the Supervising Producer
Date: _____