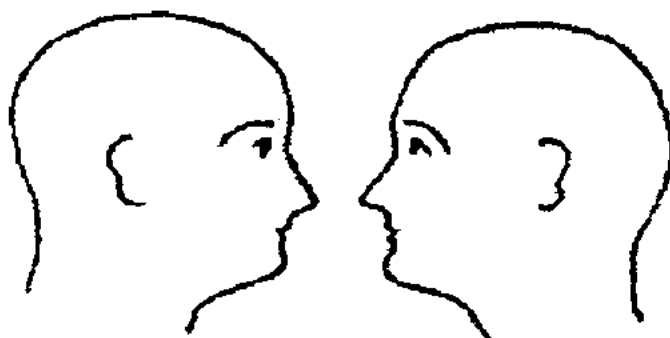
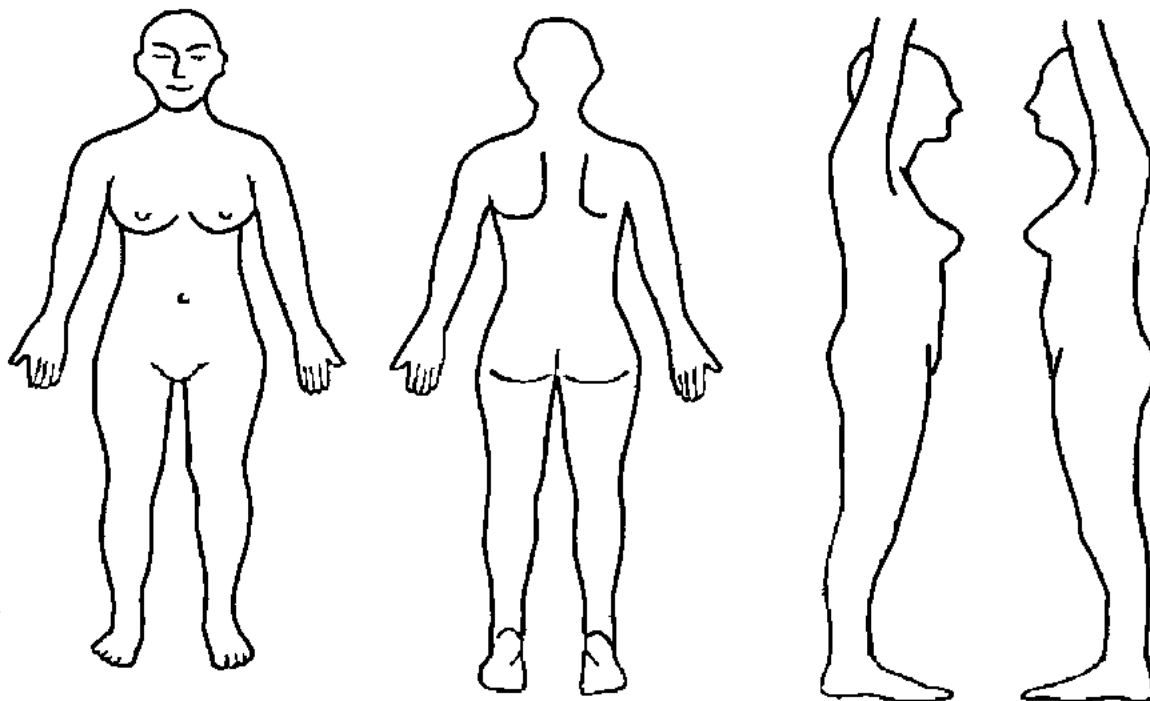


# Body Maps

# Body map - female

Please ensure injuries are clearly marked on the body map and details are accurately recorded



Name of person injured: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name/Job title of worker/s: \_\_\_\_\_

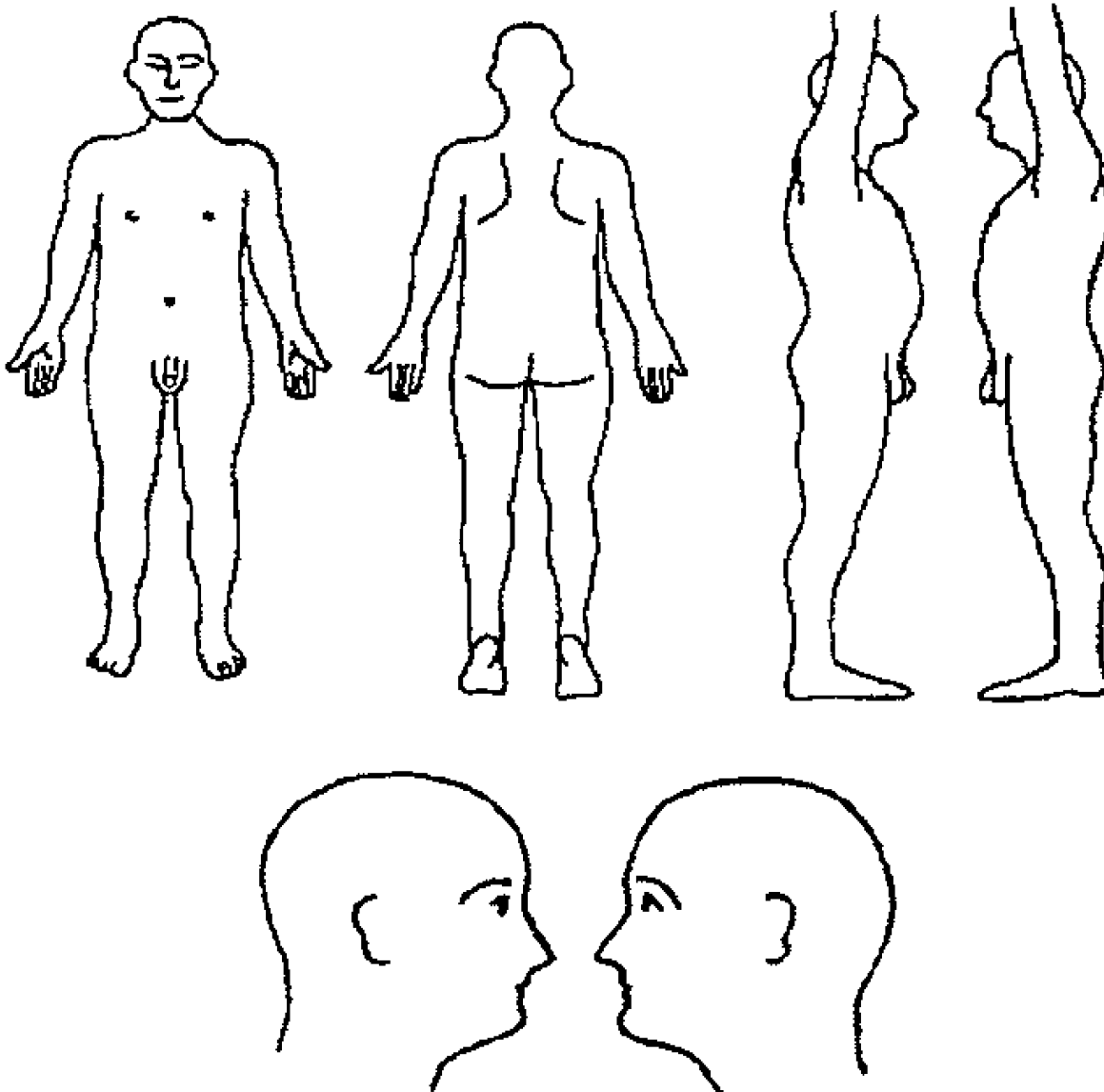
Date/time injuries witnessed: \_\_\_\_\_

Signature/s of workers: \_\_\_\_\_

\_\_\_\_\_

# Body map - male

Please ensure injuries are clearly marked on the body map and details are accurately recorded



Name of person injured: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name/Job title of worker/s: \_\_\_\_\_

Date/time injuries witnessed: \_\_\_\_\_

Signature/s of workers: \_\_\_\_\_

