

M.P.K.A. ACCIDENT AND INJURY REPORT
INSTRUCTORS FORM

Instructor's Name: _____

Address of School: _____

City: _____ State: _____ Zip: _____

Telephone # : _____

Date of completing form: _____

Name of injured person: _____

Date of injury: _____

Time of Injury: _____

Specific Place where injury occurred: _____

Did you observe this accident? Yes _____ No _____
If yes please describe what you observed _____

Did student continue class? Yes _____ No _____

If no, when did student return? Date: _____ Time: _____

List all witnesses names: _____

Recommendations on how to prevent this accident from recurring:

recommendations continued:

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Was injured using recommended safety equipment at time of injury?

YES _____ NO _____

Were all safety procedures followed at time of injury:

YES _____ NO _____

Did you assist injured person:

YES _____ NO _____

If yes please describe what you did:

Describe bodily injury sustained:

Instructor's Signature: _____

Date: _____

All accident-injury reports to be turned into MPKA corporaate office ASAP.
Only original will be accepted (NO PHOTO COPIES)