

Darne 8A

DEPARTMENT OF HEALTH FOR ONTARIO  
MENTAL HEALTH BRANCH

O.H. D. Miller

# ACCIDENT AND INJURY REPORT

Name [Redacted]  
(Surname) (Christian Names)

Case No. [Redacted]

Ward 1112

Date and Hour of Accident 11/11/68 8:10

Age 19 yrs.

1. Report of Ward Supervisor

INDEX FINGER Rt. Hand pierced by sewing  
machine needle while operating sewing  
machine in sewing room

(Witness of Accident)

(Signature)

2. Report of Chief Supervisor of Superintendent of Nurses

Injury sustained while working in sewing room

3. Report of Physician's Investigation

X-ray. No foreign body visible. No laceration  
cleaned & ~~covered~~ dressed.  
I.c.c. of tet. toxoid. 1M. quin.

(Signature)

4. Superintendent's Findings, and Action Taken 2 tabs A B etc stat  
& p.s.m.

(Signature)

5. Name and address of Relative or Friend Notified

6. Relationship to Patient

(Superintendent)

Date \_\_\_\_\_, 19\_\_\_\_