

CHBC SAFEGUARDING INCIDENT FORM: BODY MAP (Sept 2023)

This form should be completed by the Designated Person for Safeguarding

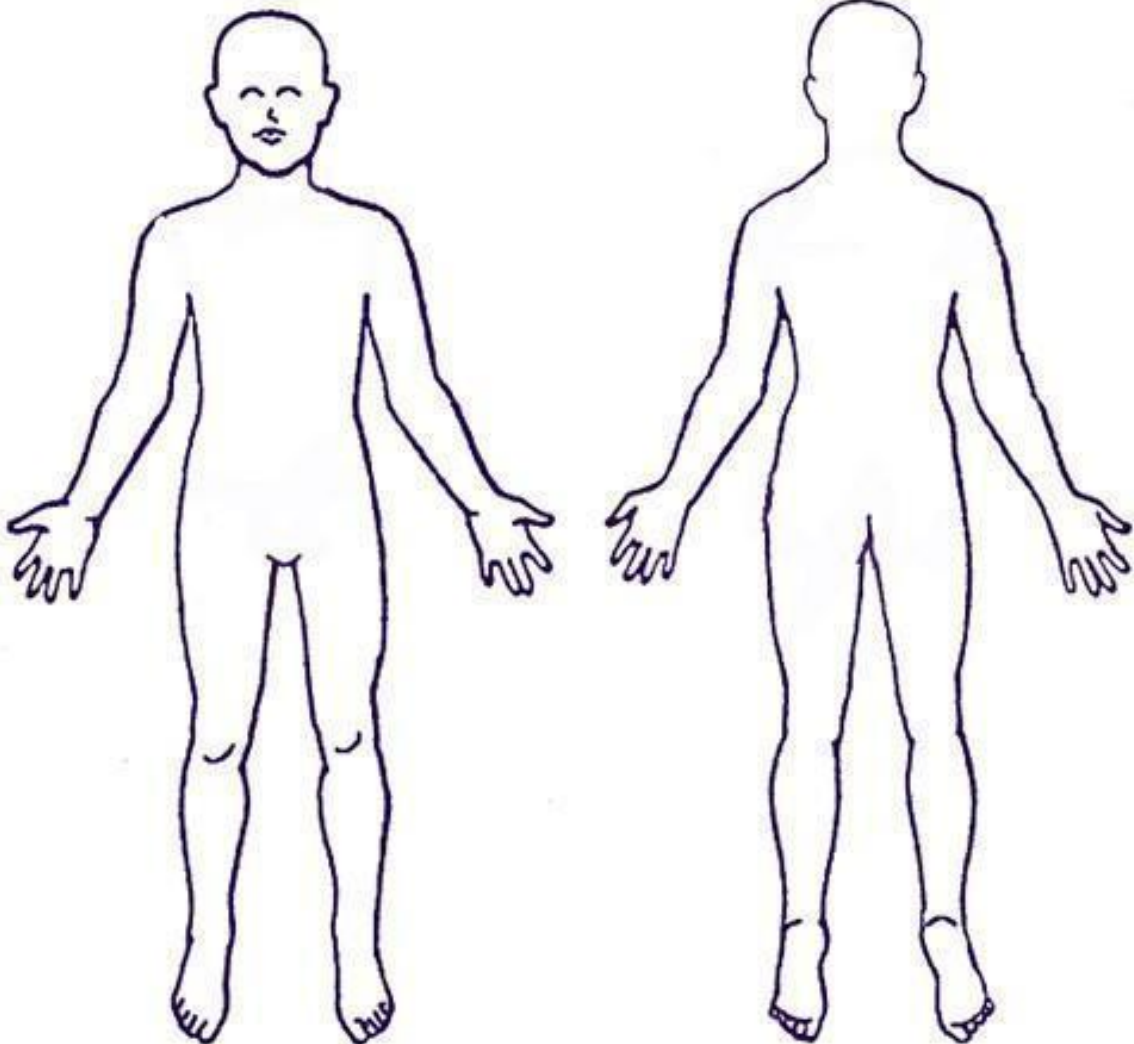
Name of Individual of Concern _____

Name of person completing this form _____

These diagrams are designed for the recording of any observable bodily injuries that may appear on the person. Where bruises, burns, cuts, or other injuries occur, shade and label them clearly on the diagram. **Remember it's not your job to investigate or to decide if an injury or mark is non-accidental. Listen, observe and pass it on.**

Front

Back



Signature _____

Date and time _____