

INCIDENT PHOTO LOG

INJURED'S NAME: _____ PAGE ____ OF ____

INCIDENT # _____ DATE OF INCIDENT: _____ TIME: _____

PHOTOGRAPHER'S NAME: _____

DATE PHOTOS TAKEN: _____ TIME PHOTOS TAKEN: _____

CAMERA # OR TYPE: _____ FILM TYPE: _____ ROLL #: _____

Exposure #

Description

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

PHOTOS DEVELOPED: LOCATION: _____ DATE: _____

PHOTOGRAPHER'S SIGNATURE: _____ DATE: _____