

1998年商务英语初级BEC1试题（四）PDF转换可能丢失图片或格式，建议阅读原文

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QUESTION 4 CONTINUED

NEILSON CARPET FACTORY ACCIDENT REPORT FORM

THIS FORM MUST BE COMPLETED IN CAPITALS BY THE

PERSON REPORTING THE ACCIDENT ON THE DAY OF

THE ACCIDENT FULL NAME OF INJURED PERSON

_____ TITLE

(MR/MRS/MISS/MS)

_____ HOME

ADDRESS _____

_____ STATUS OF

INJURED PERSON

_____ DATE OF

ACCIDENT _____

TIME OF ACCIDENT

_____ LOCATION

OF ACCIDENT

_____ DETAILS OF

INJURY _____

CAUSE OF ACCIDENT

_____ (HOW DID

IT HAPPEN?)

_____ TAKEN TO
HOSPITAL YES BY AMBULANCE BY CAR (Please tick)
NO DO YOU CONSIDER THE COMPANY IS AT FAULT?
YES/NO(0delete which does not apply) IF YES ' GIVE REASON

_____ ACCIDENT
REPORTED BY

_____ COMPANY
STATUS _____

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