

Incident / Injury report form

Please print clearly and tick the correct box

Status: ☐ Employee ☐ Volunteer ☐ Visitor ☐ Contractor ☐ Member

Outcome: ☐ Near miss ☐ Injury

1. DETAILS OF INJURED PERSON

Name: _____ Phone(M) _____ (H) _____ (W) _____

Address: _____ Sex: ☐ M ☐ F

_____ Date of birth: _____

_____ Position: _____

Regular attendance: _____ (years/months – familiarity to premises)

Start time: _____ ☐ am ☐ pm

2. DETAILS OF INCIDENT

Date: _____ Time: _____

Location: _____

Describe what happened and how: _____

3. DETAILS OF WITNESSES

Name: _____ Phone: (H) _____ (W) _____

Address: _____ Suburb: _____

4. DETAILS OF INJURY

Nature of injury (eg burn, cut, sprain) _____

Cause of injury (eg fall, grabbed by person) _____

Location on body (eg back, left forearm) _____

Agency (eg lounge chair, another person, hot water) _____

5. TREATMENT ADMINISTERED

First Aid given ☐ Yes ☐ No

First Aider name: _____

Treatment: _____

Ambulance called: ☐ Yes ☐ No -

Time treated: _____ Onsite/transported

Referred to/ advised to visit Doctor ☐ Yes ☐ No