



Injury Report Form

27.07.2025

Injury Report Form

Risk, Health and Safety

Form to be given / sent to First Aid Officer or Directors within 1 day of incident.

INJURED PERSON (Page 1 to be completed by injured person if possible)

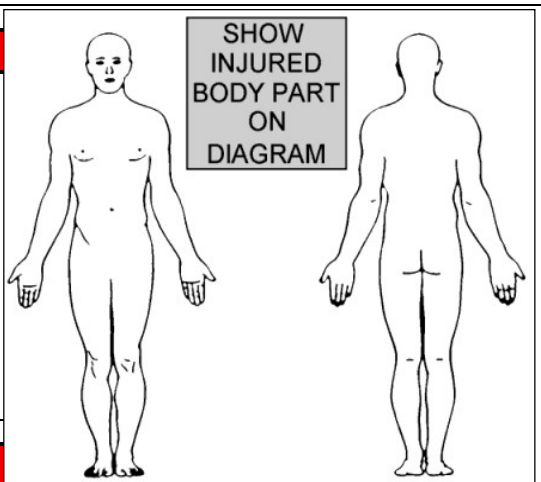
Surname:	Given Names:
Home address:	
Town:	Postcode:
Phone:	
Status: <input type="checkbox"/> Band Member <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor <input type="checkbox"/> Spectator (describe)	
<input type="checkbox"/> Other (describe)	

INCIDENT / EVENT

Date of Incident:	Time of Incident:	AM / PM
Location: (Grounds / Building / Room)		
Incident reported to:		Phone:
Date reported:	Time reported:	AM / PM
Describe what happened and how:		

INJURY

Location on body: _____ LEFT / RIGHT
Nature of injury (e.g. burn, cut, sprain) _____
Treatment: <input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> Medical Centre <input type="checkbox"/> Ambulance
<input type="checkbox"/> Doctor / Hospital / Medical Centre <input type="checkbox"/> Other (describe)
_____ Name of First Aider / Doctor / Hospital / Medical Centre



AUTHORISATION

Signature of injured person (if they completed this form):	
Name of person completing this form (if not injured person):	
Relationship to injured person:	
Reason injured person did not complete this form:	
Signature:	Date:

This is not a Workcover or insurance claim form.

INVESTIGATION (Skunkworks Community Directors to complete)

Name of Skunkworks Community Director conducting investigation:

Phone:

Email:

Other participants:

Date of investigation:

Was injured person interviewed: YES / NO *(whenever possible, it is important to talk to the injured person)*

Main Contributing Factors	Corrective Actions	Person Responsible	Completion Date

Comments:

Signature of Skunkworks Director:

Date:

Signature of First Aid Officer:

Date:

OFFICE USE ONLY: Skunkworks Community acknowledges receiving notification of the injury as described above

Received by:

Date:

Placed on file:

Copy sent to injured person:

Privacy Statement: The information on this form, which includes health information, is collected for the primary purpose of recording that an incident has occurred and to eliminate or minimise the risk of a recurrence of incidents.