

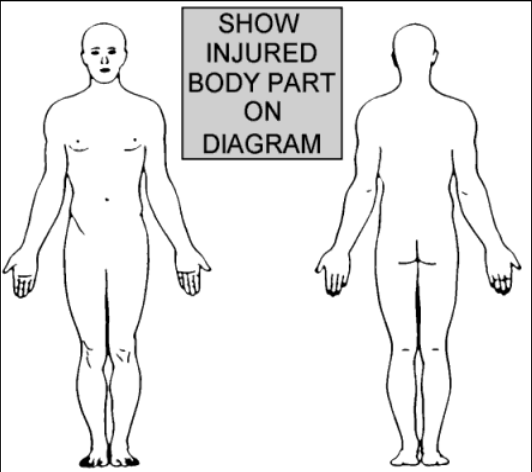
Injury Report Form

Risk, Health and Safety

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

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

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:					

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	

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.

Warning – Uncontrolled when printed! The current version of this document is kept on the SW website.

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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.

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