



DATE AND TIME FORM COMPLETED _____

Status: Employee Class Participant Volunteer Drop in Participant
Tutor

1. DETAILS OF INJURED PERSON

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

Address: _____ Sex: M F

_____ Date of birth: _____

_____ Position: _____

If class participant which class did the injury occur in _____

2. DETAILS OF INCIDENT / ILLNESS

Date: _____ Time: _____

Location: _____

Describe what happened and how: _____

Nature of injury (e.g. burn, cut, sprain) _____

Cause of injury (e.g. fall, grabbed by person) _____

Location on body (e.g. back, left forearm) _____

Agency (e.g. lounge chair, another person, hot water) _____

3. TREATMENT ADMINISTERED / ACTION TAKEN

First Aid given Yes No

First Aider name: _____

Treatment: Please describe: _____

CONTACT PARENT _____ DATE & TIME PARENT CONTACTED _____

Referred to: (please circle) no one doctor police ambulance hospital parent

4. DETAILS OF WITNESSES

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

Address: _____



SECTION 6-9 MUST BE COMPLETED BY FIRST AIDER OR MANAGER

5. DID THE INJURED PERSON STOP WORK or PARTICIPATION IN THE CLASS ?

Yes No If yes, state date: _____ Time: _____

Outcome:

- Treated by doctor Hospitalised Workers compensation claim
 Returned to normal work Alternative duties Rehabilitation

6. INCIDENT INVESTIGATION (comments to include causal factors):

Four horizontal lines for writing incident investigation comments.

7. RISK ASSESSMENT

Likelihood of recurrence: _____

Severity of outcome: _____

Level of risk: _____

8. ACTIONS TO PREVENT RECURRENCE

Table with 4 columns: Action, By whom, By when, Date completed.

9. ACTIONS COMPLETED

Signed (Authorised person): _____ Title: _____

Signed (Parent/Guardian) _____ Date: _____

Feedback to person involved Date: _____

This report remains strictly confidential and will be held by the Bellarine Training and Community Hub Inc.



10. Follow up actions taken

Yes No

Actions taken:

Follow up visit or phone call: _____ Date _____

Staff: _____ Position: _____

Details of follow up: _____

Signed: _____

Date: _____

Further follow up required:

Yes

No

Date for next follow up: _____