

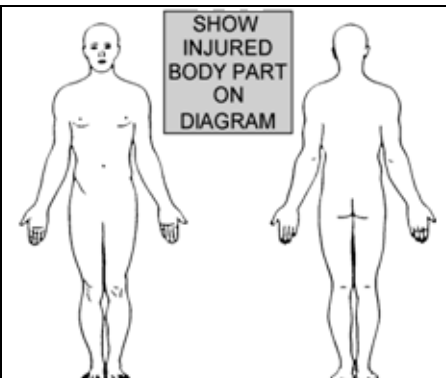
# Injury Report Form

Health, Safety and Wellbeing

Send Page 1 to Risk, Health and Safety (ohs@federation.edu.au) within 1 working day of incident

INJURED PERSON		<i>(Injured person to complete page 1 if possible)</i>	
Surname:	Given names:		
Home address:			
Town:	Postcode:	Phone:	
Status:	Staff (give details below)	Student (give details below)	Contractor Visitor
Institute/Directorate/College/Centre, employer or organisation:			

INCIDENT/EVENT	
Date of incident:	Time of incident:
Location: If <u>on campus</u> , specify campus, building and room: If <u>off-campus</u> , specify details:	
Incident reported to:	Phone:
Date reported:	Time reported:
Witnesses:	
Describe exactly what happened and how <i>(attach additional page if required)</i> :	

INJURY	
Location on body:	
Nature of injury:	
Treatment:	
Name of treatment provider:	

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

*This is not a WorkCover or insurance claim form. To make a WorkCover claim, contact the WorkCover Coordinator on 5327 6197. Students who wish to lodge an insurance claim should contact their Institute.*

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

**Send completed form to Risk, Health and Safety  
(ohs@federation.edu.au) within 5 working days of incident.**

**INVESTIGATION**

*(Institute/Directorate management to complete page 2)*

Supervisor / Manager 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 Exec. Dean / Director / Safety Officer:

Date:

Signature of Health & Safety Representative:

Date:

**OFFICE USE ONLY** *Federation University Australia acknowledges receiving notification of the injury as described above*

Scanned to file:

Copy sent to injured person:

Privacy Statement: The information on this form, which includes health information, is collected for the primary purpose of legal compliance. Another purpose of collection is to eliminate or minimise the risk of a recurrence of incidents. You have a right to access personal information that Federation University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer at [privacyofficer@federation.edu.au](mailto:privacyofficer@federation.edu.au)

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Authorised by: University Health and Safety Policy Committee  
 Document Owner: Manager – Health, Safety and Wellbeing  
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