

Injury Report Form

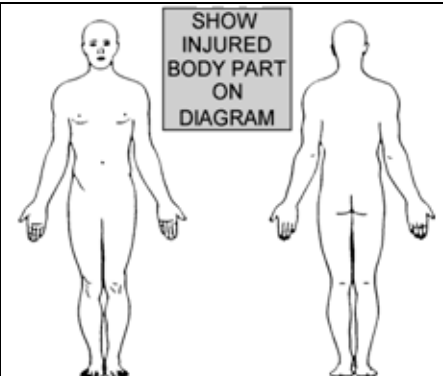
Risk, Health and Safety

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:	<input type="checkbox"/> Staff <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor <input type="checkbox"/> Other (describe: _____)		
	<input type="checkbox"/> Student (circle as applicable: VCAL, VET, Higher Education)		
School/Section, employer or organisation:			

INCIDENT/EVENT		
Date of incident:	Time of incident:	AM/PM
Location:	<input type="checkbox"/> On-campus (specify campus/building/room: _____)	
	<input type="checkbox"/> Student excursion* <input type="checkbox"/> Student work placement* <input type="checkbox"/> Work-related travel* <input type="checkbox"/> Other*	
(* Provide precise details of location: _____)		
Incident reported to:	Phone:	
Date reported:	Time reported:	AM/PM
Witnesses:		
Describe what happened and how (attach additional page if required):		

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"/> Ambulance <input type="checkbox"/> Doctor/hospital/medical centre <input type="checkbox"/> Other (describe below)
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. To make a WorkCover claim, contact the WorkCover Coordinator on 5327 9512. Students who wish to lodge an insurance claim should contact their School Business Manager.

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 (School/Section management to complete page 2)			
Supervisor / manager conducting investigation:			
Phone:		Email:	
Other participants:		Date of investigation:	
Was injured person interviewed: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(whenever possible, it is important to talk to the injured person)</i>			
Main Contributing Factors	Corrective Actions	Person Responsible	Completion Date
Comments:			
Signature of 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	
Received by:	Date:
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

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