

INCIDENT/HAZARD REPORT FORM

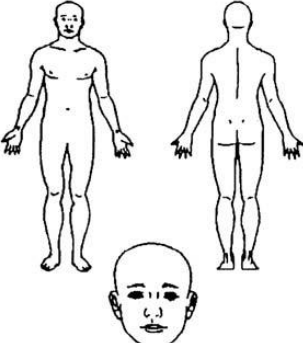
Date: _____ Time: _____

Injury details: This report reflects an accurate record of the injured person's reported symptoms of injury

Name of casualty: _____	DOB: (Day/Month/Year) / /
Allergies (if any): _____	Medication/s: _____
Person injured (circle): <i>Student</i> <i>Staff</i> Other: _____	Gender: <i>M</i> <i>F</i> (circle)

Nature of injury (circle):
New injury *Aggravated injury* *Recurrent injury*
 Other: _____

Symptoms of injury:
 (circle all that apply)
Blisters *Inflammation/swelling* *Spinal injury* *Bleeding nose* *Cramp* *Cardiac problem* *Burn*
Bruising/contusion *Suspected bone fracture/break* *Electrical shock* *Cut* *Dislocation* *Poisoning*
Graze/abrasion *Concussion/head injury* *Insect bite/sting* *Sprain* *Loss of consciousness*
Strain *Respiratory problem* *Fainting* *Confusion* *Disorientation*
Further Explanation:

Body part injured: 	How did the injury occur? (Please circle) <i>Collision with a fixed object</i> <i>Overbalance</i> <i>Collision/contact with another person</i> <i>Overstretch</i> <i>Fall from height/awkward landing</i> <i>Slip/trip</i> <i>Fall/stumble on same level</i> Other: _____
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Extra detail regarding how the injury occurred:
 (attach additional pages if required)

Initial treatment:
No treatment required *CPR* *RICER* *Sling/splint* *Dressing* *Strapping*
Notes:

Follow up action:
None *Medical practitioner* *Hospital* *Ambulance – Time called: _____*
 Other: _____

Supervisor/Trainer: _____ Signature: _____	Witness: _____ Signature: _____
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First Aid provided by: _____ Signature: _____	Casualty Signature: _____
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