# INCIDENT/INJURY REPORT

*Use this form to report an incident involving injury/illness, property/environmental damage, near misses or a workplace hazard.*

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| **Report Type:** | £ Injury £ Illness | | | | | |
| 1. **Details of Injured Person** | | | | | | |
| **Name:** | | | | | | |
| **Phone (Home):** | | | | **Phone (Work):** | | |
| **Address:** | | | | | | |
| 1. **Details of Incident** | | | | | | |
| **Date:** | | **Time:** | | | **Location:** | |
| **Description of incident** | | | | | | |
| 1. **Details of Witness** | | | | | | |
| **Name:** | | | | | | |
| **Phone (Home):** | | | **Phone (Work):** | | | |
| **Address:** | | | | | | |
| 1. **Details of Injury** | | | | | | |
| **What type of injury/illness** (eg burn, cut, sprain) | | | | | | |
| **What part of the body was injured?** (eg back, left forearm) | | | | | | |
| **What caused the injury?** (eg fall, hit by object) | | | | | | |
| **What was the agent?** (eg, chair, person, hot water) | | | | | | |
| 1. **Treatment Administered : including first aid and administration of medication** | | | | | | |
| **Report Only:** £ YES £ NO **First aid given:** £ YES £ NO  **GP Referral:** £ YES £ NO **Hospital:** £ YES £ NO  **Treatment Refused:** £ YES £ NO | | | | | | **Name of first aider:** |
| **Treatment provided:** | | | | | | |
| **First Aid supplies used:**  **Medication administered:**  **Time started:**  **Time finished:**  **Total Inhalation time:** | | | | | | |
| **Did emergency services attend: Yes No** | | | | | | |

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| 1. **Actions/Treatment Completed by** | | | | | | | |
| **Name:** |  | | **Date:** |  | **Position:** |  | |
| **Signature** |  | |  |  |  |  | |
| 1. **Review Comments** | | | | | | | |
| **Record and/or refer to:** | | £ risk register | | | | | Date: |
| £ staff meeting for discussion | | | | | Date: |
| £ HSC for review | | | | | Date: |
| £ Executive (extreme or high risks) | | | | | Date: |

|  |  |  |  |
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| **Student Name:** |  | **Assessor Name:** |  |
| **Student Signature:** |  | **Assessor Signature:** |  |
| **Date:** |  | **Date:** |  |