# 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:** |  |