

# Accident Report Form

Office Use Only – Accident Register Number    _ _ _ _
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**TO BE COMPLETED BY THE ADULT INJURED AS A RESULT OF AN ACCIDENT or THE ADULT SUPERVISING A STUDENT INJURED AS A RESULT OF AN ACCIDENT.**

**If the accident was a result of a Road Traffic Accident, use Motor Vehicle Accident Report Form.**

**Details of person completing the form**

Full Name: .....

Contact number: .....

Role:  Teacher    Aide    Therapist    Manager    Contractor    Volunteer    Other

**Details of the person(s) injured**

1. Full Name: .....

Role:  Staff    Student    Visitor    Contractor    Volunteer    Other

2. Full Name: .....

Role:  Staff    Student    Visitor    Contractor    Volunteer    Other

3. Full Name: .....

Role:  Staff    Student    Visitor    Contractor    Volunteer    Other

4. Full Name: .....

Role:  Staff    Student    Visitor    Contractor    Volunteer    Other

5. Full Name: .....

Role:  Staff    Student    Visitor    Contractor    Volunteer    Other

**Details of the accident**

Location: .....

Date: .....	Time: ..... am/pm
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**Description of the accident** .....

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**Signature of person completing form:** \_\_\_\_\_

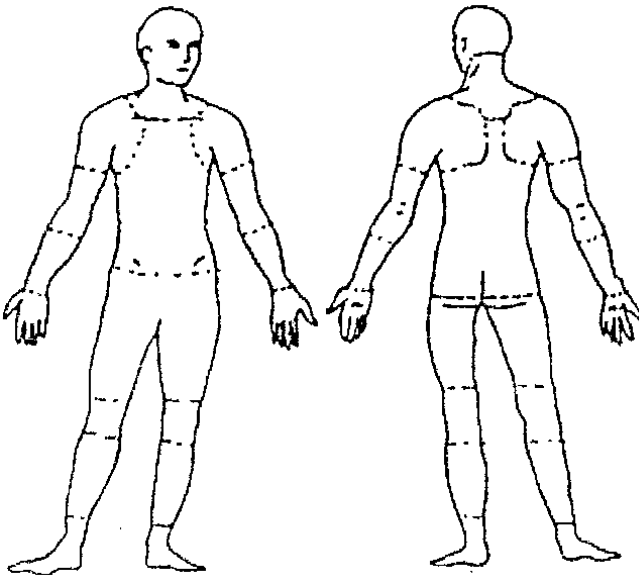
**DETAILS OF ALL INJURIES**

**Description of injury #1**

Full Name of person injured: \_\_\_\_\_

Role:  Staff  Student  Visitor  Contractor  Volunteer  Other \_\_\_\_\_

Part of Body Injured (mark diagram with X as appropriate)



The nature of the injury (tick as many as apply):

- abrasion/bruise
- fracture/ dislocation
- concussion
- cut/laceration
- puncture
- other \_\_\_\_\_

Treatment required at the time (tick as many as apply):

- Not required
- First Aid Name of person who supplied treatment: \_\_\_\_\_  
Details of treatment: \_\_\_\_\_
- GP Visit Name of GP/ Practice: \_\_\_\_\_
- Ambulance called Details of paramedic treatment: \_\_\_\_\_
- Hospitalisation Name of hospital: \_\_\_\_\_
- Parent/ Carer/ Emergency contact called By: \_\_\_\_\_ Time: \_\_\_\_\_

**IF MORE THAN 1 PERSON WAS INJURED, PHOTOCOPY THE FORM ON THE NEXT PAGE AS REQUIRED.**

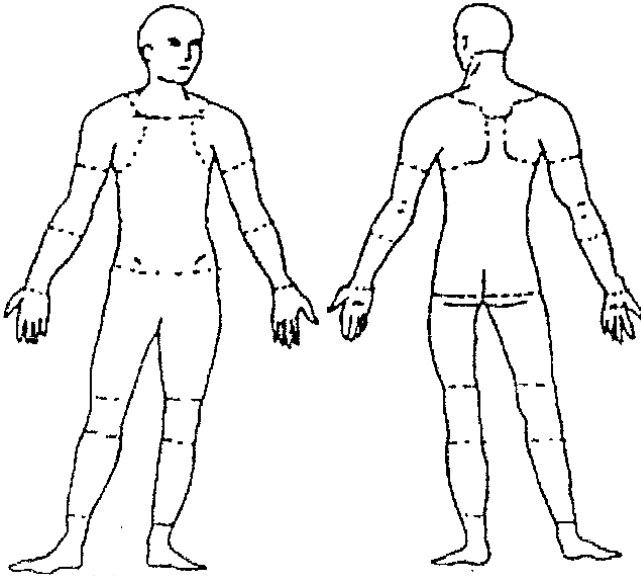
**DETAILS OF ALL INJURIES (Continued)**

**Description of injury # \_\_\_\_\_ (insert number)**

**Full Name of person injured:** \_\_\_\_\_

**Role:**  Staff  Student  Visitor  Contractor  Volunteer  Other \_\_\_\_\_

**Part of Body Injured (mark diagram with X as appropriate)**



**The nature of the injury (tick as many as apply):**

- abrasion/bruise
- fracture/ dislocation
- concussion
- cut/laceration
- puncture
- other \_\_\_\_\_

**Treatment required at the time (tick as many as apply):**

- Not required**
- First Aid** Name of person who supplied treatment: \_\_\_\_\_  
 Details of treatment: \_\_\_\_\_
- GP Visit** Name of GP/ Practice: \_\_\_\_\_
- Ambulance called** Details of paramedic treatment: \_\_\_\_\_
- Hospitalisation** Name of hospital: \_\_\_\_\_
- Parent/ Carer/ Emergency contact called** By: \_\_\_\_\_ Time: \_\_\_\_\_

**TO BE COMPLETED BY THE PRINCIPAL IN CONSULTATION WITH ANOTHER APPROPRIATE STAFF MEMBER**

**If the accident was a result of a Hazard in the school, had the hazard been reported previously?**  Yes  No

**If YES**  
 Hazard Register Number: .....  
 Describe the action planned following the report: .....  
 .....  
 Had the action been carried out? When? .....

**If NO**  
 Has a Hazard report been written as a result of this accident and what is number? .....

**Give details of any other follow up resulting from this accident:** .....  
 .....  
 .....

Signature of Principal ..... Date: .....

Name of other staff member ..... Role: .....

Signature: ..... Date: .....

**Reviewed by OH & S Representative**  
 Name: ..... Signature: ..... Date: .....

**OFFICE USE ONLY**

<p><b>Workers Compensation Claim:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><b>Is the incident Notifiable:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><b>Incident type (refer to Section 38 of the Work Health &amp; Safety Act 2012 for full details of when to notify):</b></p> <p><b>Worksafe TAS Notified</b> __ / __ / __</p> <p><b>Method of Notification:</b> _____</p> <p><b>Insurance Claim:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p><b>Principal's Signature</b> .....</p> <p><b>Date</b> __ / __ / __</p>
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