

Accident Report Form 2022

Office Use Only – Spreadsheet _____ Accident Register Number _ _ _ _ _

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

Description of the accident

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Signature of person completing form: _____

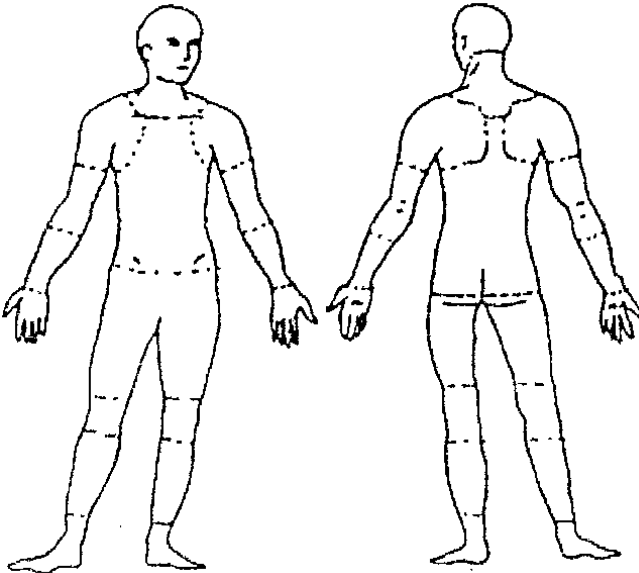
DETAILS OF ALL INJURIES

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: _____
- Photo taken of injury. Stored on Shared Drive

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

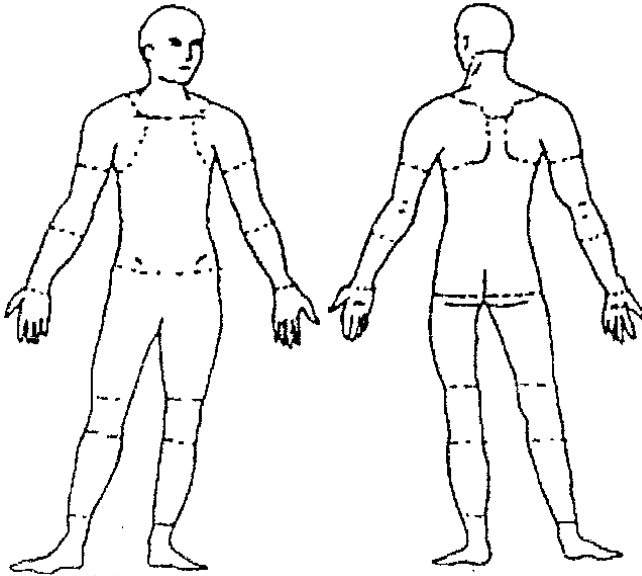
DETAILS OF ALL INJURIES (Continued)

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: _____
- Photo taken of injury. Stored on Shared Drive

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

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 (Currently No person in this position)
 Name: Signature: Date:

OFFICE USE ONLY

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