

This form relates to OHS Procedures – [First Aid Services](#) and [Incident and Emergency Management](#)

Campus:

School / Section:

Date	Name of Injured Person	Status of Injured Person	Nature of Injury	Treatment Provided	Further Treatment Advised?	Injured Person's Signature	First Aider's Name
		Employee/Student/ Customer/Visitor			<input type="checkbox"/> YES <input type="checkbox"/> NO		
		Employee/Student/ Customer/Visitor			<input type="checkbox"/> YES <input type="checkbox"/> NO		
		Employee/Student/ Customer/Visitor			<input type="checkbox"/> YES <input type="checkbox"/> NO		
		Employee/Student/ Customer/Visitor			<input type="checkbox"/> YES <input type="checkbox"/> NO		
		Employee/Student/ Customer/Visitor			<input type="checkbox"/> YES <input type="checkbox"/> NO		
		Employee/Student/ Customer/Visitor			<input type="checkbox"/> YES <input type="checkbox"/> NO		
		Employee/Student/ Customer/Visitor			<input type="checkbox"/> YES <input type="checkbox"/> NO		
		Employee/Student/ Customer/Visitor			<input type="checkbox"/> YES <input type="checkbox"/> NO		
		Employee/Student/ Customer/Visitor			<input type="checkbox"/> YES <input type="checkbox"/> NO		
		Employee/Student/ Customer/Visitor			<input type="checkbox"/> YES <input type="checkbox"/> NO		
		Employee/Student/ Customer/Visitor			<input type="checkbox"/> YES <input type="checkbox"/> NO		

At the end of each calendar quarter, send reports to Risk, Health and Safety, SMB Campus

Warning – Uncontrolled when printed! The current version of this document is kept on the University website.

Authorised by: University Health and Safety Policy Committee

Document Owner: Manager – Risk, Health and Safety

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