# Injury Report Form

Risk, Health and Safety

***Send Page 1 to Risk, Health and Safety (ohs@federation.edu.au) within 1 working day of incident***

## INJURED PERSON *(Injured person to complete page 1 if possible)*

Surname: Given names:

Home address:

Town: Postcode: Phone:

Status: ☐ Staff ☐ Contractor ☐ Visitor ☐ Other (*describe:* _____)
☐ Student (*circle as applicable:* VCAL, VET, Higher Education)

School / Directorate / Organisation:

## INCIDENT/EVENT

Date of incident: Time of incident: AM/PM

On Campus: Campus _____ Building/Room _____ Other _____

Off-campus: ☐ Student excursion* ☐ Student work placement* ☐ Work-related travel*
☐ Other* (*Specify precise location: _____)

Incident reported to: Phone:

Date reported: Time reported: AM/PM

Witnesses:

Describe exactly how the injury occurred *(attach additional page if required)*:

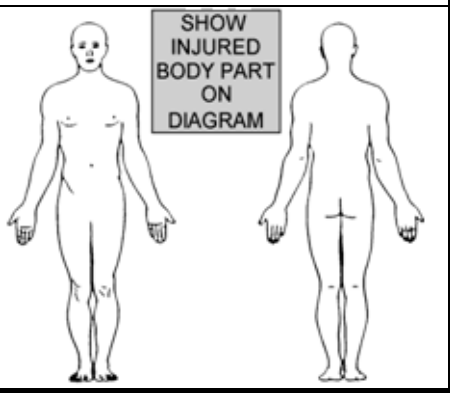
## INJURY

Location on body: LEFT/RIGHT

Nature of injury *(e.g. burn, cut, sprain)*:

Treatment: ☐ None ☐ First aid ☐ Ambulance
☐ Doctor/hospital/medical centre ☐ Other *(describe below)*

Name of first aider/doctor/hospital/medical centre:




## AUTHORISATION

Signature of injured person *(if they completed this form)*:

Name of person completing this form *(if not injured person)*:

Relationship to injured person:

Reason injured person did not complete this form:

Signature: Date:

*This is not a WorkCover or insurance claim form. To make a WorkCover claim, contact the WorkCover Coordinator in Human Resources. Students who wish to lodge an insurance claim should contact their School Business Manager.*

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

***Send completed form to Risk, Health and Safety (ohs@federation.edu.au) within 5 working days of Incident.***

**INVESTIGATION** *(School / Directorate management to complete page 2)*

Supervisor / Manager conducting investigation:

Phone: Email:

Other participants: Date of investigation:

Was injured person interviewed: ☐ YES ☐ NO *(whenever possible, it is important to talk to the injured person)*

| What Contributed to the Injury | Corrective Actions | Person Responsible | Completion Date |
|---|---|---|---|
| | | | |
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| | | | |
| | | | |

Comments:

Signature of Dean / Director / Safety Officer: Date:

Signature of Health & Safety Representative: Date:

**OFFICE USE ONLY** *Federation University Australia acknowledges receiving notification of the injury as described above*

Scanned to file: Copy sent to injured person:

Privacy Statement: The information on this form, which includes health information, is collected for the primary purpose of legal compliance. Another purpose of collection is to eliminate or minimise the risk of a recurrence of incidents. You have a right to access personal information that Federation University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer at privacyofficer@federation.edu.au