

Incident / Injury Report Form



THE UNIVERSITY OF
NOTRE DAME
A U S T R A L I A

Use this form to report ALL incidents and injuries within **1 day** of the incident occurring. Even if no injury is sustained. The direct supervisor must sign the form and email to Safety@nd.edu.au as soon as possible after the incident.

REPORT TYPE:

Injury Hazard Near Miss Property Damage Security Incident

PART A

Details of Person Involved or reporting the Incident

Name	<input type="text"/>	Position title	<input type="text"/>
School/Office	<input type="text"/>	Campus	<input type="text"/>
Date of Birth	<input type="text"/>	Home Address	<input type="text"/>
Staff/Student ID	<input type="text"/>		
Email	<input type="text"/>	Phone (best contact #)	<input type="text"/>
Staff	<input type="checkbox"/>	Visitor	Other (provide details) <input type="text"/>
Student	<input type="checkbox"/>	Volunteer	Contractor <input type="checkbox"/>

INCIDENT DETAILS

Date of incident	<input type="text"/>	<input type="text"/>	Time of Incident	Contributing factors (sun, rain, traffic etc.)	<input type="text"/>
Location of Incident (on campus)	<input type="text"/>		Campus	<input type="text"/>	
Incident Reported To	<input type="text"/>	Time Reported	<input type="text"/>	Date Reported	<input type="text"/>

Please describe details of the incident, including an account of the events leading up to the incident.

Part of Body Injured/affected (please tick)

<input type="checkbox"/>	Head	<input type="checkbox"/>	Eyes	<input type="checkbox"/>	Fingers	<input type="checkbox"/>	Other
<input type="checkbox"/>	Neck	<input type="checkbox"/>	Trunk	<input type="checkbox"/>	Arm	<input type="checkbox"/>	N/A (No Injury)
<input type="checkbox"/>	Back	<input type="checkbox"/>	Foot	<input type="checkbox"/>	Leg	Comments:	

Describe the Injury or Illness and any treatment sought

Date first noticed symptoms	<input type="text"/>	Date treatment provided	<input type="text"/>
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Name of person/place giving treatment

Please tick the applicable areas and remember to sign and date the form

Do you intend to seek further treatment outside of the University?

Yes No

Do you wish to lodge a Student personal accident claim?

Yes No

Signature of person involved in incident

Signature:

[Signature box]

Date

[Date boxes]

Any further information or comments

[Comments box]

WITNESS DETAILS

First name:

[First name box]

Last name:

[Last name box]

Phone:

[Phone box]

Residential address

[Residential address box]

Email

PART B

DIRECT SUPERVISOR

Please provide details, including the background on hazards, equipment or other factors that contributed to this incident/injury:

[Supervisor details box]

Proposed/Completed Corrective Actions:

[Corrective actions box]

Have unsafe conditions been corrected?

Name and Signature

[Signature box]

Date

[Date boxes]

Email completed form and attachments (medical reports, photographs etc.) to Safety@nd.edu.au immediately.

PART C

HSW DEPARTMENT

Received by:

[Received by box]

Was the incident a result of UNDA Undertakings:

Yes:

[Yes box]

No:

[No box]

Was the incident notifiable to the Regulator?

Yes:

[Yes box]

No:

[No box]

Mechanism of Injury:

[Mechanism of injury box]

Proposed, completed or agreed corrective actions:

[Corrective actions box]

Name and Signature

[Signature box]

Date

[Date boxes]