

Audit

General

Document No.

Personnel

Enter text

INJURY / ILLNESS DETAILS SUMMARY

Date and Time of Incident



Was any person injured or ill as a result of this incident:
(If 'No' - only complete form if incident was a dangerous event)

Yes No N/A

1. INJURED PERSON'S DETAILS

Injured Person

Staff Member

School student

Other person

Full Name

Enter text

Student ID (if known)

Enter text

Address

Enter text

Suburb

Enter text

Post Code

Enter text

Phone

Enter text

Reason for presence on school property

Enter text

Association with school

Student Staff Parent Public Visitor Volunteer Other

2. REPORTING PERSON OR FIRST AID ATTENDANT

Whether it's a staff or other person (if not staff please provide address and phone number)

Staff Member Other Person

Full Name

Enter text

Department

Enter text

Address (only if not staff)

Enter text

Phone Number (only if not staff)

Enter text

3. LOCATION - WHERE THE INCIDENT OCCURRED

Location

Enter text

Name of the facility (if known)

Enter text

4. WHAT HAPPENED ?

Detailed description of incident (consider the activity, what happened and why)

Enter text

Provide more details if necessary

Enter text

Add/take picture of incident for record



Add witness statement, if available

Enter text

Add risk assessments for the activity being undertaken and other
correspondence

5. INCIDENT INFORMATION

ACTIVITY - What was the activity at the time of the incident ?

- Admin General Camp Contact with chemicals in class (i.e. Science Lab)
- Computer Work Curriculum Prac Curriculum Theory Playground Duty
- Equipment Usage Maintenance First Aid
- Class Activity (i.e. Cooking, Woodworking, Electronics etc) Assisting student
- Lifting/Manual handling Meeting Movement around school Grounds care
- Non-school activity Camp Play- supervised Play - unsupervised
- Lesson Prep/ Clean up Restraining Student Sport/ Co-curricular
- Travel To/From school Excursion/Trip Tuckshop Unauthorized Activity
- Work General Other: (e.g bullying)
-

CAUSE - What caused the injury?

- Caught in/between Contact with Exposure to Object falling/flying
- Person falling Lifting/Handling Repetitive movement Running/jumping
- Stepping on /in Walking Struck by / or against Other
-

SEVERITY

- Minor (first aid/no time lost) Moderate (needs medical care)
- Serious (>4days away/perm injury/damage) Fatal
-

TREATMENT REQUIRED

- Nil First Aid (on site or ambulance officer) Doctor/out patients
- Hospitalisation (overnight stay or longer)
-

6. INJURY / ILLNESS DETAILS

Injury / Illness

- Ache/Pain Amputation Bite/Sting Bruise/crush Bump/Knock
 Burn/Scald Concussion Cumulative Cut/laceration Dislocation
 Fracture Headache Hearing Loss Infection/Disease
 Irritation/Allergy Nausea Poisoning Respiratory Sprain/strain
 Stress reaction Unconscious Unspecified Other
-

Location on the Body

- Head Face Eye(s) Nose Mouth Tooth/teeth Ear(s)
 Neck Back upper Back lower Chest Shoulder(s) Arm
 Elbow(s) Wrist(s) Hand(s) Finger(s) Stomach Hip(s)
 Groin Leg(s) Knee(s) Ankle(s) Foot/feet Toe(s) Skin
 Respiratory system Internal Stress related Other:
-

Sign - Reporting person or First Aid attendant



Sign - Injured Person



7. EMERGENCY CONTACT DETAILS

Has the injured persons emergency contact been notified?

- Yes No
-

8.CAUSE OF ILLNESS/INJURY

Was the injury/Illness caused by a confrontation or aggressive act?

- Yes No N/A
-

Has an aggressor be identified?

- Parent Staff Volunteer Primary student Secondary student
 Other
-

Type of confrontation?

9. HAZARD INFORMATION/MANDATORY (if necessary seek assistance from school WHSO to determine the hazard)

What was the primary hazard that caused the incident?

Contributing Hazard Category (please select)

- Animal/insect Blood/body substance Building fixtures
 Chemical substance Electricity/Gas Electrical appliance
 Environmental factors Equipment (eg.Playground) Fire/explosion
 Floor/ground Foreign object (eg. splinter) Furniture Machinery (fixed)
 Machinery (mobile) Non powered tool Person/people Stairs/steps
 Stress/trauma Sunburn/UV radiation Temperature Travel
 Radiation/arc flash Virus/disease Water/pool
 Working/learning environment Other
-

Associated equipment?

When was the hazard identified?



Who identified the hazard?

The potential for serious injury was

High Low

Please take a photo if necessary



10. DETAILS OF WITNESS (if not staff please provide address and phone number below)

Please select:

Staff member School student/Class

Other person eg. Volunteer

Details if staff or student

Full Name

Enter text

Student ID (if known)

Enter text

If there are other significant witnesses please complete below

Enter text

Signature of person completing audit:



Date and Time



11. INCIDENT REFERRED (MANDATORY)

Referred to:

To be completed by either WHSO, Head of Behavior Management, Head of Maintenance

Enter text

Follow up:

Enter text

Work cover claim?

Yes No N/A

Possible legal actions?

Yes No N/A

Is this a 'notifiable' incident according to RIDDOR?

Yes No N/A

<https://www.hse.gov.uk/riddor/>

Further actions: 1. Consult the School WHSO on hazard details and the recommended control strategies. 2. place the original incident report on file at clinic after being signed by WHSO. 3. Note: a copy of a student incident report may be provided to the student/parent/caregiver on request through the Principal. Details of other parties (eg. Other students names) should be obscured.

Non staff contact details

Name:

Address:

Contact details:

Signature



Please note that this checklist is a hypothetical example and provides basic information only. It is not intended to take the place of, among other things, workplace, health and safety advice; medical advice, diagnosis, or treatment; or other applicable laws. You should also seek your own professional advice to determine if the use of such checklist is permissible in your workplace or jurisdiction.