**🞎 INJURY 🞎 NEAR MISS 🞎 PROPERTY 🞎 INCIDENT** ………………………….………

**SECTION 1: LOCATION OF INCIDENT**

Facility / Event

Location at site

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_ AM / PM

**SECTION 2: DETAILS OF PERSON INVOLVED / INJURED IN THE INCIDENT**

Name

Address Postcode

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_ Contact number

 **If this incident involved child abuse or harm, please contact Police (000) or Child Protection Services (1300 360 391)**

**SECTION 3: DETAILS OF GUARDIAN OR WITNESS**

Name

Address Postcode

Relationship to above person Contact number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 4: INCIDENT DETAILS** (What happened; include sequence of events leading to incident and nature of injury/disease)

Location of injury (circle or mark with an ‘X’)

**SECTION 5: DETAILED ACTION TAKEN AND OUTCOME** (Attach additional details if insufficient space)

🞎 Ambulance 🞎 Fire 🞎 Police Time called ………………... Time arrived ………………...

🞎 First Aid ⇨ Was permission given to perform first aid? Yes / No 🞎 Other …………………..………..

Name of person responding to incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action taken:

**SECTION 6: FURTHER RECOMMENDED ACTION**

🞎 Seek medical advice 🞎 Report incident to Police 🞎 Other (specify) …………………………………………………..

**SECTION 7: SIGN OFF / FOLLOW UP**

**Entered into DoneSafe** 🞎 YES 🞎 NO

**Staff member**

Name Signature Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_