

# Student Incident and Hazard Report Form

To be completed in the event of a student witnessing/being involved in any non-conformance, or an incident, or resulting, or potentially resulting, in an injury or an unsafe practice or a near hit.

## Personal details of persons involved in incident:

Student = Student ID Number:

Visitor, please specify:

Other, please specify:

## Incident details *(completed by person involved)*

Date of incident:

Time of incident:

Location of incident:

Description of incident: *(in your own words, what happened?)*

## Name of witnesses to the incident

Family Name:

Given Name:

Telephone:

## Details of injuries sustained

Injured person's name:

Type of injury:

Time In:

Treatment received:

Sex:      Female      Male

Date of Birth:

Patient Address:

Telephone:

Allergies:

Medication:

Past Medical History

Not Known

Asthma

Cardiac

Diabetic

Nil

Epilepsy

Hypertension

Loss of consciousness

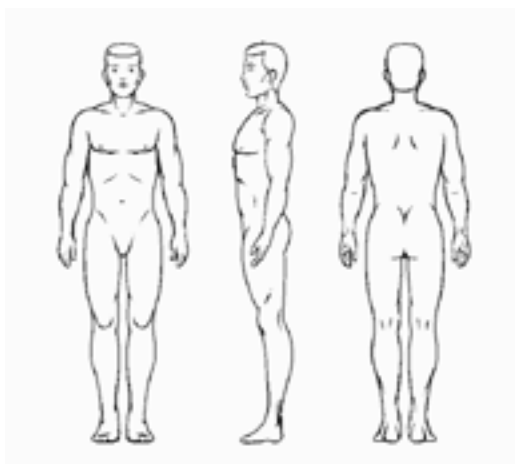
Others: \_\_\_\_\_

Medi Alert- What: \_\_\_\_\_

TIME	BREATHING	PULSE	CONSCIOUS LEVEL ALERT VOICE PAIN UNCONSCIOUS	OTHER OBSERVATION

Treatment:

A abrasion  
 B1 bleeding  
 Bu burns  
 C contusion  
 D deformity  
 F fracture  
 L laceration  
 P pain  
 S swelling  
 T tenderness




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Refused Treatment: \_\_\_\_\_

Witness Name:

.....

Signature:

.....

Discharged How:      Ambulance      Hospital      Return to class      Others \_\_\_\_\_

First Aiders Name:

Patient Name:

Time out:

.....

Signature:

Signature:

.....

#### Details of other person's involved

Did the incident involve any other person?

Yes

No

*(If yes, provide their name and contact details)*

#### Details of any damage

Did any damage to property occur?

Yes

No

*(If yes, provide details of the damage)*

#### Other details

Were the Police involved?

Yes

No

*(If yes, provide details of the officers attending)*

Name of Insurance:

.....  
Name *(completed by person submitting report)*

.....  
Name *(completed by witness)*

.....  
Sign

.....  
Sign

.....  
Date

.....  
Date

**BRISBANE**

**ADELAIDE**

**PARRAMATTA**

**OFFICE USE ONLY**

Corrective action plan: what needs to be done to minimise risk / prevent this incident from happening in the future? Document follow-up action taken after receipt of the incident report.

Action required	Due Date	Responsible person

Final comments regarding corrective action taken (To be completed by the Responsible Person)

Further follow up required or other comments:

Any other persons who are involved in this case has been notified of updates, changes and corrective actions

The above has been completed and this case is now closed

.....  
Responsible person name

.....  
Sign

.....  
Date

**Student Support**

This report has been saved into the student file

This report has been logged in the Incident Report Register

.....  
Name

.....  
Sign

.....  
Date

**BRISBANE****ADELAIDE****PARRAMATTA**