

CONFIDENTIAL SPORT AND RECREATION ASSOCIATION INJURY REPORT FORM (to be completed and sent to uwa safety and health within 24 hours)

OMPLETE ON SCREEN - TAB BETWEEN FIELDS MAKING ENTRIES BY TYPING INTO THE GREY HIGHLIGHTED BOXES WHICH EXPAND AS REQUIRED

IMMEDIATE ACTION: SEEK MEDICAL ADVICE AND REPORT INCIDENT TO YOUR SUPERVISOR. THIS FORM IS FOR USE IN REPORTING SPORTS RELATED INJURIES ONLY

Other names: Other names: Date of Birth: Staff/Student No: Date of Birth: Staff/Student No: Are you: Staff: Staff: Student: Cocupation: Occupation: Work phone: Home: Home: Work phone: Home: Mobile: Email: Mobile: Faculty / School / Centre / Contracting Company details: State: Postcode: State: Postcode: Signature: Date: Date: Signature: Date: Date of occurrence: INJURY DETAILS Exact Location: Description of how the injury occurred:	Section A							
Other names: Other names: Date of Birth: Staff/Student No: Date of Birth: Staff/Student No: Are you: Staff: Staff: Student: Cocupation: Occupation: Work phone: Home: Home: Work phone: Home: Mobile: Email: Mobile: Faculty / School / Centre / Contracting Company details: State: Postcode: State: Postcode: Signature: Date: Date: Signature: Date: Date of occurrence: INJURY DETAILS Exact Location: Description of how the injury occurred:	INJURED PERSONS DETAILS	6			REPORTING PERSO	ON DETAILS (if	different to inju	ured person)
Date of Birth: Staff/Student No: Date of Birth: Staff/Student No: Are you: Staff: Student: Contractor: Visitor: Are you: Staff: Student: Contractor: Visitor: Occupation: Occupation: Occupation: Mome: Work phone: Home: Mome: Home: Mobile: Email: Mobile: Email: Faculty / School / Centre / Contracting Company details: Faculty / School / Centre / Contracting Company details: Home address: Home address: Home address: State: Postcode: State: Postcode: Signature: Date of occurrence: Date: INJURY DETAILS Exact Location: Description of how the injury occurred: Witness1: Witness1: Witness1: Witness1: Witness2:	Last Name:		Title:	Gender:	Last Name:		Title:	Gender:
Are you: Staff: Student: Contractor: Visitor: Are you: Staff: Student: Contractor: Visitor: Occupation: Occupation: Occupation: Occupation: Work phone: Home: Home: Mome: Mobile: Email: Mobile: Email: Email: Email: Email: Faculty / School / Centre / Contracting Company details: Faculty / School / Centre / Contracting Company details: Faculty / School / Centre / Contracting Company details: Home address: Home address: Home address: Date: Postcode: State: Postcode: State: Postcode: Date: NJURY DETAILS Date: Date of occurrence: Time: (am / pm) Description of how the injury occurred: Witness2: Vitness2: Vitness2:	Other names:				Other names:			
Occupation: Occupation: Work phone: Home: Mobile: Email: Mobile: Email: Faculty / School / Centre / Contracting Company details: Faculty / School / Centre / Contracting Company details: Home address: Home address: State: Postcode: State: Postcode: Signature: Date: Signature: Date: INJURY DETAILS Exact Location: Date of occurrence: Witness1: Witness2:	Date of Birth:	Staff/Student No:			Date of Birth:	Staff	Staff/Student No:	
Work phone: Home: Work phone: Home: Mobile: Email: Mobile: Email: Faculty / School / Centre / Contracting Company details: Faculty / School / Centre / Contracting Company details: Home address: Home address: Home address: State: Postcode: State: Postcode: Signature: Date: Signature: Date: INJURY DETAILS Date of occurrence: Time: (am / pm) Description of how the injury occurred: Witness2: Time: (am / pm)	Are you: Staff: 🗌 Student:	Contrac	tor: 🗌	Visitor:	Are you: Staff: 🗌	Student: C	Contractor: 🗌	Visitor:
Mobile: Email: Mobile: Email: Faculty / School / Centre / Contracting Company details: Faculty / School / Centre / Contracting Company details: Home address: Home address: Home address: State: Postcode: State: Postcode: Signature: Date: Date: Date: INJURY DETAILS Exact Location: Date of occurrence: Time: (am / pm) Description of how the injury occurred: Witness1: Witness2:	Occupation:				Occupation:			
Faculty / School / Centre / Contracting Company details: Faculty / School / Centre / Contracting Company details: Home address: Home address: State: Postcode: Signature: Date: INJURY DETAILS Date of occurrence: Exact Location: Date of occurrence: Description of how the injury occurred: Witness1: Witness1: Witness2:	Work phone: Home:		Work phone:	Home:				
Home address: Home address: State: Postcode: Signature: Date: Date: Signature: INJURY DETAILS Exact Location: Description of how the injury occurred:	Mobile:	Email:			Mobile:	Ema	Email:	
State: Postcode: Signature: Date: Date: Signature: INJURY DETAILS Exact Location: Date of occurrence: Description of how the injury occurred: Witness1: Witness2:	Faculty / School / Centre / Cont	racting Com	pany detai	ls:	Faculty / School / Ce	ntre / Contractin	g Company de	tails:
Signature: Date: INJURY DETAILS Exact Location: Date of occurrence: Time: (am / pm)	Home address:				Home address:			
INJURY DETAILS Exact Location: Date of occurrence: Time: (am / pm) Description of how the injury occurred: Witness1: Witness2:	State:	Postcode:			State:	Post	code:	
Exact Location: Date of occurrence: Time: (am / pm) Description of how the injury occurred:	Signature: Date:		Signature: Date:					
Location: Date of occurrence: Time: (am / pm) Description of how the injury occurred: Witness1: Witness2:	INJURY DETAILS							
Witness1: Witness2:	Exact Location:				Date of occurrence:		Time:	(am / pm)
	Description of how the injury oc	curred:						
Phone: Phone:	Witness1:				Witness2:			
	Phone:				Phone:			

Section B

Name:	Date Notified:	Time:	(am / pm)
Signature:	Contact Phone No:		
NOTIFIED UWA RECREATION CEN			
NOTIFIED OWA RECREATION CEN	Date Notified:	Time:	(am / pm)
Name:	Date Notified.		

Section C

DETAILS OF INJURY			
Type of injury or disease (e.g. bruise, cut, sprain):	Part(s) and side of the body affected:		
Please specify when were the symptoms first noticed:	Noticed on Date:	Time:	(am / pm)
Medical treatment: Hospital 🗌 Doctor 🗌 Nurse 🗌 First Aid 🗌] None 🗌 Other:		
Person giving treatment:	Treatment Date:	Time:	(am / pm)

Confidential Sport and Recreation Association Injury Report Form	Published: June 2012	Version 1.0			
Authorised by UWA Safety and Health	Review: June 2017	Page 1 of 2			
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CONFIDENTIAL SPORT AND RECREATION ASSOCIATION INJURY REPORT FORM (to be completed and sent to uwa safety and health within five working days)

COMPLETE ON SCREEN - TAB BETWEEN FIELDS MAKING ENTRIES BY TYPING INTO THE GREY HIGHLIGHTED BOXES WHICH EXPAND AS REQUIRED

Section D (to be completed by the pers	on in charge or Supervisor)			
INVESTIGATION, CORRECTIVE MEAS				
Are there any other factors involved apa surface, lighting), equipment (guards), m	rt from the activity itself (management (e.g. aintenance, individual (e.g. fitness))?	. control by umpire	es), the environm	ent (e.g. ground
What do you think could have been done	e to prevent this incident from occurring? H	lave these been a	ctioned?	
Was the emergency response adequate	(e.g. first aid, UWA response)?			
Investigator's comments and observation	าร:			
	Safety and Health on +61 8 64		• •	
	ance actions to Facilities Man	•		
Manager/Supervisor name:	Signature:	Phone:	Date:	Mailbag:
Safety & Health Representative name:	Signature:	Phone:	Date:	Mailbag:

Section E

SAFETY AND HEALTH USE ONLY -	RECOMMEND	ATIONS	
Is further investigation required?	Yes 🗌	No 🗌	
Comments:			
Safety and Health Advisor name:	Signature:		
	-		

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