



TO COMPLETE 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

Section A

INJURED PERSONS DETAILS				REPORTING PERSON DETAILS (if different to injured person)			
Last Name:		Title:	Gender:	Last Name:		Title:	Gender:
Other names:				Other names:			
Date of Birth:		Staff/Student No:		Date of Birth:		Staff/Student No:	
Are you: Staff: <input type="checkbox"/> Student: <input type="checkbox"/> Contractor: <input type="checkbox"/> Visitor: <input type="checkbox"/>				Are you: Staff: <input type="checkbox"/> Student: <input type="checkbox"/> Contractor: <input type="checkbox"/> Visitor: <input type="checkbox"/>			
Occupation:				Occupation:			
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:			
State:		Postcode:		State:		Postcode:	
Signature:		Date:		Signature:		Date:	

INJURY DETAILS

Exact Location:		Date of occurrence:		Time: (am / pm)	
Description of how the injury occurred:					
Witness1:			Witness2:		
Phone:			Phone:		

Section B

NOTIFIED SAFETY AND HEALTH REPRESENTATIVE			
Name:		Date Notified:	Time: (am / pm)
Signature:		Contact Phone No:	
NOTIFIED UWA RECREATION CENTRE SUPERVISOR			
Name:		Date Notified:	Time: (am / pm)
Signature:		Contact Phone No:	

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 <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> First Aid <input type="checkbox"/> None <input type="checkbox"/> Other:			
Person giving treatment:		Treatment Date:	Time: (am / pm)



Section D (to be completed by the person in charge or Supervisor)

INVESTIGATION, CORRECTIVE MEASURES, EMERGENCY RESPONSE

Are there any other factors involved apart from the activity itself (management (e.g. control by umpires), the environment (e.g. ground surface, lighting), equipment (guards), maintenance, individual (e.g. fitness))?

What do you think could have been done to prevent this incident from occurring? Have these been actioned?

Was the emergency response adequate (e.g. first aid, UWA response)?

Investigator's comments and observations:

**For assistance contact Safety and Health on +61 8 6488 3938 during working hours.
Please report any maintenance actions to Facilities Management Jobs on +61 8 6488 2025**

Manager/Supervisor name:	Signature:	Phone:	Date:	Mailbag:
Safety & Health Representative name:	Signature:	Phone:	Date:	Mailbag:

Section E

SAFETY AND HEALTH USE ONLY - RECOMMENDATIONS

Is further investigation required? Yes No

Comments:

Safety and Health Advisor name: Signature: