

REPORT COMPLETED BY _____

DATE OF INCIDENT _____ ACCIDENT / INCIDENT / NEAR MISS (please circle one)

APPROXIMATE TIME _____

PARTICIPANT DETAILS

SURNAME _____ INITIAL _____ TITLE _____ AGE _____

CONTACT DETAILS

DETAILS OF INJURY (if applicable)

Scale	Type of injury	Part of body	L	R	Cause
Accident – Major <i>Death or requiring overnight hospital admission</i>	Abrasion	Ankles / Feet			Alcohol
	Amputation – R	Arm / Elbow			Assault
	Asthma	Back / Neck			Chemicals/Substances – R
Accident – Serious <i>Involving personal injury requiring professional medical attention</i>	Bruise	Chest			Door Entrapment (leading edge)
	Burn	Fingers / Toes			Door Entrapment (hinge)
	Cut	Wrist / Hand			Drowning
	Choking	Head / Face			Near Drowning
Accident – Minor <i>Involving minor personal harm treated by a first aider only</i>	Diarrhoea / Vomiting	Legs / Knees			Drugs
	Dislocation – R	Lower trunk			Equipment
	Electric Shock – R	Shoulder / Hip			Falls
	Fracture – R	None			Fighting
Incident – Major <i>Involving the potential to cause a Major accident or significant harm</i>	Inhalation				Fire
	Puncture				Moving Objects
	Scald				Striking Objects
	Sight Loss – Perm – R				Trips / Slips
Incident – Other <i>Involving the potential to cause harm</i>	Sight Loss – Temp – R				Vehicles
	Sprain				None
	Unconscious				
	None				

EXACT LOCATION OF INCIDENT _____

TYPE OF SESSION (if applicable)

NAME OF COACH / COACHES

Use Additional Sheets if required

DESCRIPTION OF INCIDENT

INJURED PERSONS ACCOUNT

*SIGNED _____ DATE _____

* By signing this, I give consent to disclose my personal information and details of the accident which appear on this form to safety representatives to carry out the health and safety functions given to them by law.

ASSISTANCE OR TREATMENT GIVEN / ACTION TAKEN

REFERRAL DETAILS, if applicable (i.e. sent to reception / doctors / hospital etc.)

OUTCOME OF REFERRAL, if applicable

Signed _____ Name _____ Date _____

Continuation sheet Y / N

FOR TRAINING VENUE USE ONLY

Completed by _____ Date _____

Passed on to _____ Date _____
