

First aid, hazard, incident and injury record

Details of person completing record

Name:

Position:

Date of record:

Time of record:

Signature:

Details of person injured or ill (if applicable)

Name:

Date of birth:

Occupation:

Address:

Incident details (if applicable)

Date of incident:

Time of incident:

Location:

Details of hazard or incident:

Circumstances leading to the incident:

Description of injury or illness (if applicable):



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Action taken

Treatment given or action taken:

Name of person giving first aid:

Referral for further treatment:

Did emergency service attend?:

What has been implemented to prevent recurrence:

Witness details (if applicable)

Witness Information	
Full Name:	
Phone:	
Signature	

Notifications

Note: Make sure you inform the Risk and Insurance Office if an injury occurs

Name of parent:

Note: When children are in our care and away from their parents we should notify their parents of an injury or illness

Other agency:

