* **APPENDIX A - WHS** **Incident Report Form**
* (The following details must be transferred online at incident.csu.edu.au)

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| **Details of Person Reporting** | | | |
| **Name:** | | **☐Staff ☐Student ☐Visitor/Volunteer ☐Contractor ☐Visitor/Volunteer ☐Contractor** | |
| **Phone:** | **Email** | | **Date of report:** |
| **Your Role: ☐Injured person ☐Witness ☐First aider ☐Supervisor ☐HSR ☐Reporting on behalf of someone else** | | | |

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| **Incident details**  hahhhhhhhHHarra/Harrassment) | | |
| **What are you reporting?**  **☐**Injury/illness **☐**Near Miss **☐**Complaint **☐**Property Damage **☐**Sexual Violence/Harassment **☐**Security **☐**Fleet Vehicle Accident | | |
| **Describe what happened?** | | |
| **Date of Incident:** | **Time of Incident:** | |
| **Hazard ☐ Biological ☐ Chemical ☐ Radiation ☐Student Placement ☐Facilities Maintenance** | | |
| **BEIMS Number (if maintenance request):** | | |
| **Campus where occurred:** | **Building:** | **Room:** |

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| **Details of Injured Person** | | | | | | | | |
| **Name:** | | | | | **☐Staff ☐Student ☐Visitor/Volunteer ☐Contractor** | | | |
| **Student/Staff ID (if applicable)** | | | | **Phone:** | | | | |
| **Was there an injury? If yes continue/ if No - no further information required ☐ YES ☐NO** | | | | | | | | |
| **Type of injury: bruise/cut/strain/broken bone etc** | | | | | | | | |
| **Side of body ☐Left ☐Right** | | | **Part of body – arm/leg/head etc** | | | | | |
| **Treatment Details:** | | | | | | | | |
| **☐None** | **☐First Aider** | **☐Doctor** | | | | **☐Nurse** | | **☐Hospital Emergency Only** |
| **☐Ambulance** | **☐Physio** | **☐Chiropractor** | | | | **☐Counsellor** | | **☐Hospital Admission** |
| **☐Other** | | | | | | | | |
| **Did injured person return to work? ☐ YES ☐NO** | | | | | | | | |
| **CSU Supervisor name:** | | | | | | | **CSU Supervisor Phone:** | |

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| **Details of Witnesses** | | |
| **Name(s)** | **Job Title(s) (if relevant)** | **Phone Number(s)** |
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