* **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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