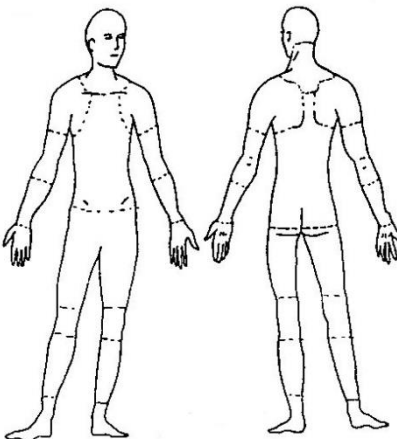


This form is to be completed by student, trainer or staff and return the form to service@apsi.edu.au

This report is to be completed for **any injury or critical incident** which has occurred on campus and in the workplace. After completion of this form, do not show, copy or forward to anyone except the Management Team of APSI. Do not disclose any information about any incident to third parties (including media, insurance companies or family members unless advised by the Management of APSI). An exception to this is the requirement to answer all questions from Police Officers, Members of the Fire and Rescue Team and Ambulance personnel as required.

Date of Incident:	Time of Incident:	Exact Location of the incident:
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Step 1: Injured person (complete this part for each injured person)		
Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Injured Person is <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Visitor	Task performed at time of incident:	
Part of body affected: (shade all areas that apply)  Description of the Injury or Injuries:	Nature of Injury or Injuries (tick all that apply): <input type="checkbox"/> Abrasion or scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing injury <input type="checkbox"/> Cut, laceration or puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain or strain <input type="checkbox"/> Damage to a body system <input type="checkbox"/> Sudden Cardiac arrest <input type="checkbox"/> Other, please specify	Remarks: Injuries Sustained:

Step 2: Describe the Incident

Description of the Incident: (Be accurate, include persons involved, equipment, etc.)

Names of any witness(s) and contact details (if any):

Attachments: **Written witness statements** **Photographs/ video**
 Maps / drawings:

What personal protective equipment was being used (if any)?

What happened after the Incident:

Dialed '000' Called Manager at the workplace Evacuated premises

Other- please detail Called APSI – 6365 4386 or after hours 0470 324 106

Patient was driven to Hospital Medical clinic

By: APSI staff Ambulance Own transport

Remarks:

Step 3: Who completed this form? (Please Print)

Completed by: Position in the company: Date:	Received by: Position in the company: Date:
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Action Taken:

Continuous Improvement: