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| Part A – Emergency Details | | |
| Name of Person Reporting Incident: | Signature: | Incident Location: |
| Date (DD/MM/YYYY) and Time (00:00 24hr clock) of Identified: | Date (DD/MM/YYYY) and Time (00:00 24hr clock) of Incident **Reported to**: | |
| **Where was the emergency incident** *(if relevant use map in part c to detail)*  -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- | | |
| **What happened?** *(if injury occurred complete part b)*  -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- | | |
| **What did you do first? (Immediate Action)**  -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  --  ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  --  -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- | | |
| Part B: ACTIONS TO PREVENT RECURRENCE | | |
| **ACTION** | **BY WHOM** | **DUE DATE** |
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**Part B - Injury Details**

***Circle Injured Area***

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| No Treatment/Minor 🞏 | First Aid Treatment 🞏 | Medical/Further Treatment 🞏 |



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| **Part B: First Aid Treatment: (First Aid Treatment Provider to complete)** | |
| **Injury Code:***(description over page)* | |
| Nature (Characteristic of Injury) |  |
| Mechanism (Action, Exposure or Event of Injury) |  |
| Agency (Object, Substance or Circumstance direct cause of Injury) |  |

First Aid Treatment Provided (Record any observation/treatment provided, as well as advice given to the patient):

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| Name of First Aider: | Signature: Date: |

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| **Description of Injury Code:** | | |
| **NATURE** | **MECHANISM** | **AGENCY** |
| 1. Amputation | 1. Collided With | 1. Biological |
| 1. Burn | 1. Contact/Exposure to Biological Factors | 1. Chemical |
| 1. Concussion | 1. Contact/Exposure to Heat or Cold | 1. Electrical |
| 1. Contusion/Bruising | 1. Contact with Chemical | 1. Human |
| 1. Crush Injury | 1. Contact with Electricity | 1. Indoor |
| 1. Exposure (eg. Heat/Noise) | 1. Exposure to Dust | 1. Insect/Animal |
| 1. Fracture/Dislocation | 1. Exposure to Gas/Fumes | 1. Light Vehicle |
| 1. Foreign Body | 1. Exposure to Mechanical Vibration | 1. Machinery/Fixed Plant |
| 1. Irritation/Allergy | 1. Exposure to Noise | 1. Mobile Plant/Equipment |
| 1. Open Wound/Cut/Graze | 1. Exposure to Radiation (Welding) | 1. Non-Powered Tool/Equipment/Appliance |
| 1. Poisoning/Bite/Chemical | 1. Falls from Height | 1. Powered Tool/Equipment/Appliance |
| 1. Shock | 1. Hit by Moving Object | 1. Radiation (Welding) |
| 1. Sprain/Strain | 1. Low-muscle loading | 1. Outdoor Environment |
|  | 1. Sprain/Strain |  |
| 1. Slip/Tri/Fall |

**Part C – Where Incident Occurred**

**Part C – Where Incident Occurred**

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| Please use below guide to draw your layout | | | | | | | | | | | | | | | | | | |
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