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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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