REGISTER OF INJURIES FOR THE CENTRE OF VOLUNTEERING

INCIDENT/INJURY/NEAR MISS REPORT FORM

INJURED PERON'S DETAILS	**REPORTING PERSON'S DETAILS** (where the Reporting Person is different to the injured person)
Last Name:	Last Name:
Other Name/s:	Other Name/s:
Title:	Title:
Gender:	Gender:
Date of Birth:	Date of Birth:
Are You: Staff ☐ Volunteer ☐ Visitor ☐ Contractor ☐	Are You: Staff ☐ Volunteer ☐ Visitor ☐ Contractor ☐
Occupation:	Occupation:
Home Phone Number: Work Phone Number: Mobile Number: Email:	Home Phone Number: Work Phone Number: Mobile Number: Email:
Home Address: State: Post Code:	Home Address: State: Post Code:
INCIDENT DETAILS	
Date of Incident/Injury/Near Miss:	
Time:	Exact Location:
Incident ☐	Injury ☐
Near Miss ☐	Illness/Disease: ☐
How did the incident occur? Please provide a step by step account (If there is insufficient room within this form, please use another piece of paper and attach to this form)	
Witness 1:	Witness 2:
Phone Number: Mobile Number: Email:	Phone Number: Mobile Number: Email:

DETAILS OF INJURY OR ILLNESS	
Type of injury/illness or disease:	Part/s of the body affected:
Was any plant, equipment, substance or thing involved in the injury/ illness? If yes, please provide details:	
If illness/disease, please specify when the symptoms were first noticed: Date: Time:	
Medical treatment: First Aid: ◻ Hospital: ◻ None: ◻	 Doctor: ◻ Nurse: ◻ Other: ◻
Person giving Treatment:	Treatment Date:
NOTIFICATION OF SUPERVISOR/MANAGER	
Name of Supervisor/Manager:	
Date of Notification:	
Time of Notification:	
How Notified: In person ◻ By phone ◻ By email: ◻ Other: ◻	
FOLLOW UP	
Has the injured person returned to work following the injury/illness? Yes ◻ No: ◻ If yes, please provide details: If no, please provide details:	
DETAILS OF PERSON MAKING THIS ENTRY	
Last Name:	First Name:
Position:	Department:
…… Signature	…… Date

NB: This document should be completed as soon as possible after the incident