

6_Staff Accident Report

ID:0 | 17/10/2019 |

Recipient: Carol Connelly | CONNELLY J

* Mandatory fields |

1	Staff Details		
	Given Name: *	Surname: *	
2	Incident Details		
	Location of Accident: *	Place of Accident: *	Date of Accident: *
	Time of Accident: *	Indicate on campus map where the incident occurred: Click to Show Image	dd/mm/yyyy
2	Incident Information		
	Activity at time of injury: *	Nature and Type of Injury: *	Indicate on the diagram where the injury was sustained: Click to Show Image
	Description of Accident: *	Brief assessment of seriousness of injury suffered:	Treatment Provided:
	Follow up action: *		

Witness Details

Witness 1 Name:

Witness 2 Name:

Witness 3 Details:

Administration Advised:

Not Selected Yes No

Administration Person Advised:

Documentation

Upload any documents or files associated with this report (If applicable)

No fi...hosen

FOR WHSO USE ONLY

WHSO Comments: