

## Injuries, Incidents and near Misses Record Sheet

### Section 1: Details of Injured/Impacted person (Fill in as applicable)

#### IQY Student

Name:	IQY ID:
Current Course/Group:	Mobile #:
Email ID:	OSHC details:

#### IQY Employee

Name:	Mobile #:	
Supervisor Name:	Department:	
Email ID:	Insurance Company:	
Home Address of Injured - Street address:		
Town/City:	State:	Postcode:
The Incident resulted in:	<input type="checkbox"/> Injury to an individual <input type="checkbox"/> Damage to Property <input type="checkbox"/> Near Miss	

### Section 2: Incident/Injury Details (Fill in as applicable)

Date of incident:	Time:	am/pm
Type of incident:	<input type="checkbox"/> General <input type="checkbox"/> Critical <input type="checkbox"/> Injury/First Aid <input type="checkbox"/> Student Misbehaviour	
Bodily Location of injury (if applicable):		
Exact Location at the time of Incident:		
Description of the incident/injury/near miss (please explain in your own words what happened or attach documents if required):		
Was any equipment involved in the incident/injury? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <i>If yes, please provide details:</i>		
Was First-Aid required? <input type="checkbox"/> NO / <input type="checkbox"/> YES <i>yes, who provided the first aid?</i>		
Name:	Contact:	

### Section 3: Witness/es

Name & Contact Number 1:	Name & Contact Number 2:
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**Section 4: Follow-up**

Was the injury reported to the Line-Manager/Teacher?  NO  YES

Was any treatment provided?  NO  YES  
*If yes, please provide details:*

Did the injured/impacted person return to regular schedules at the premises following the incident?  NO  YES \_\_

Did anyone require any personal counselling following the incident/injury?  NO  YES  
*If yes, please provide details:*

**Section 5: Details of Person Making this entry**

Name:	Mobile #:
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Position:	Department:
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If you are not the one involved in the incident, did you witness the incident?  NO  YES

Did anyone require any personal counselling following the incident/injury?  NO  YES  
*If yes, please provide details:*

**Section 6: FOR OFFICE USE ONLY**

Has an investigation about the incident/injury been conducted?  NO  YES

Action taken by IQY:

Further Action Required:

**EMPLOYER CONFIRMATION:**

I, \_\_\_\_\_ (print name), \_\_\_\_\_ (print position), of IQY Technical College, hereby confirm receipt of this notification.

Signature ..... Date: .....