



# INJURY REPORT

This form must be used in accordance with the OHS Procedure - *Incident Reporting*

Send Part 1 to Risk, Health and Safety Dept within 1 working day (fax 8020). Send completed form within 5 working days.

## Part 1 (Injured Person to Complete if Possible)

**Incident (Events that led to Injury)**

Date of Incident  Time of Incident  AM/PM

Incident Reported to  Date and Time of Report

Description of Events

Precise Location of Events

Campus

Ararat  
 Camp  
 Horsham  
 Mt Helen  
 SMB  
 Stawell

**Personal Details of Injured Person (Strictly Confidential)**

Surname  Given Names

Home Address

City, Town or Suburb  Postcode  Telephone

Status

Academic/Teaching Staff  General Staff  
 UoB Student  Contractor/Subcontractor  
 Visitor/Customer  Other (specify right →)

School/Directorate/Company Name

**Injury**

Exact Body Location of Injury  Left/Right

Nature of Injury/Illness (eg cut, acute stress response, dermatitis)

Name(s) of Witness(es)  Phone

1.

2.

Treatment

First Aider\*(specify below)  Campus Health Centre  
 Doctor\*/Hospital\*(specify below)  Ambulance

\*Name of First Aider/Doctor/Hospital

**Outcome (University Employees Only)**

Remained at work  Ceased work on (date)  At (time)  AM/PM

Did Injured Person Complete This Form?

Yes Signature  Date

No Reason

Name  Relationship to Injured Person

Signature  Date

## Part 2 (School or Directorate Management to Complete)

### Investigation

Name of Injured Person's Supervisor/Manager Conducting Investigation

Phone Extension

Other Participants

Date of Investigation

Was Injured Person Interviewed?

Yes

No (Note: whenever possible, it is important to talk to the injured person)

Main Contributing Factors	Corrective Actions	Person Responsible	Completion Date

Comments

### Approval Signatures

Head of Injured Person's School/Directorate

Date

Health and Safety Representative of Injured Person's Designated Work Group

Date

Send original (no emails) and signed report to Risk, Health and Safety Department, SMB Campus  
Copies to (1) School/Directorate file, (2) On request, to H&S Representative

## Part 3 (Risk, Health and Safety Dept to Complete)

### University Acknowledgment (Employee Reports and Serious Student Injuries Only)

The University of Ballarat acknowledges receiving notification of the injury as described above.

**Note:** This is not a WorkCover or insurance claim form. To make a WorkCover claim, injured employees should contact the WorkCover Coordinator, Mt Helen Campus (Ext. 9512). Injured students who wish to lodge an insurance claim should contact the local office of the Student Association.

Name

Signature

Date

Copy to: Injured Person

Original to: Risk, Health and Safety File