Injuries and Illness Reporting Form

We want to send our members and visitors home in as good or better condition than when they arrived!

If anyone is injured or becomes ill during an APS NSW activity, please advise the activity leader, who will inform the District Group President and APS NSW President as soon as possible.

Please complete this form and send to the District Group and APS NSW as soon as possible.

APS NSW keeps a register of injuries to help improve its health and safety environment.

If a person was not injured in the incident, use the Hazard/Incident Reporting Form.

|  |
| --- |
| District group or state office location |
| Name of injured person |
| Address of injured person |
| Age of injured person |
| Role of injured person (Volunteer, visitor, contractor): |
| Task being undertaken at time of injury or illness |
| Date and time of injury or illness |
| Nature of the injury or illness including where injured (i.e. on body) |
| Witnesses and roles, include contact details |
| Location of incident |
| Description of incident including cause of injury and details of any first aid given (please continue over page if not enough room). If any equipment or other factor was involved, please detail. |
| Was any treatment provided? Yes or No. If yes, please provide details |
| Did the injured person continue the activity following the injury/illness? If yes, please provide details: |
| Have you contacted the person since the injury to ascertain whether they are now recovered? If yes, please provide details: |
| Form completed by: (include contact details) |
| Date and signature |