



## ACCIDENT / INCIDENT REPORT FORM

A copy of the Accident/Incident report form is to be completed and returned to the College Administration **within 24 hours of the accident/incident**. The form may be faxed to HIC Administration (Fax no. +613 9899 1628).

**The original MUST be forwarded in person or by mail.**

***IMMEDIATE notification is required for serious incidents***

- **Accident** - An unplanned event, which causes injury and/or damage to property and/or equipment.
- **Work Injury** - Any injury, occupational disease or disability, which arises out of or in the course of any HIC sponsored activity and which requires first-aid or medical treatment.

### Personal details of injured person

Family Name ( <i>BLOCK letters</i> ):		Sex: ( <i>please circle</i> ) M / F
Given Names ( <i>BLOCK letters</i> ):		
<b>Address</b>		
Work:		
Home:		
<b>Telephone</b>		
Work:	Home:	
Email:		
<b>Are you a:</b> ( <i>please circle</i> )		
<b>Employee</b>	<b>Visitor</b>	
<b>Student</b>	<b>Contractor</b>	
Student ID Number:		



**ACCIDENT / INCIDENT REPORT FORM**

**Details of Injury**

Date of Accident/Injury	
Time of Accident/Injury	
Nature of Accident/Injury:	
Bodily location of the Injury:	
Where did the Accident/Injury occur?	
How did the Accident/Injury occur?	
<b>Did the Accident/Injury occur: (please tick)</b>	
On HIC property (campus)	Off campus
During a break	Other (please specify)
<b>Witness Details (in BLOCK letters)</b>	
Name:	
<b>Telephone</b>	
Work:	Mobile :



# Hays International College

CRICOS Number: 02790D Provider Number: 21838

## ACCIDENT / INCIDENT REPORT FORM

### TREATMENT *(please circle and supply details as attachment)*

None required	First Aid
Private doctor	Hospital
Other <i>(please specify)</i>	
Name of treating Doctor:	
Description of incident	
Location of incident	
Date of incident	
Time of incident	

**Signature of Injured person** \_\_\_\_\_

**Date** \_\_\_\_\_



**ACCIDENT / INCIDENT REPORT FORM**

**Incident Report**  
*for reporting near miss accidents or hazards*

**Supervisor comment** *(includes proposal or action taken to remedy the situation and prevent recurrence)*

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
---

**Supervisor's Name:** *(Block letters)* \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Corrective action taken/recommended:** *(please tick)*

- Providing ongoing training
- Change of work procedures
- Change in work environment
- Maintenance undertaken
- Other – *please specify* \_\_\_\_\_

**Injury Notification**

All injuries must be reported promptly. The incident form must be completed and sent to the **Principle Executive Officer** within 24 hours of the incident. Also note that if you suffer a work related injury or illness you must report it to your employer in writing (using this form) within 30 days of becoming aware of your condition. If you don't you may not be entitled to compensation.

**A copy of the incident report form can be faxed to HIC Administration on +613 9899 1628. The original should be forwarded in person or by mail.**

<p><b>FOR OFFICE USE ONLY:</b></p> <p>Original Report received (initials) _____ Date: _____</p> <p>PEO (initials) _____ Date: _____</p> <p>COMMENTS:</p> <p>Filed (initials) _____ Date: _____</p>
--



## ACCIDENT / INCIDENT REPORT FORM

**WorkCover** - To make a WorkCover claim, to have your leave and medical expenses covered, you must also complete a WorkCover form and have a Workcover medical certificate issued by your doctor. Forms can be obtained from the WorkCover website:

[http://www.worksafe.vic.gov.au/\\_data/assets/pdf\\_file/0008/129887/FOR502-pdf-of-workers-injury-claim-form-nov-2013-website.pdf](http://www.worksafe.vic.gov.au/_data/assets/pdf_file/0008/129887/FOR502-pdf-of-workers-injury-claim-form-nov-2013-website.pdf) or your local Post Office.

**Investigation** - Accident investigation is a Supervisor's responsibility. This section of the form must be completed before submission.

**REMEMBER - Investigate promptly, get facts, be specific, pursue action, involve injured worker.**

**Serious Incidents** – The Occupational Health and Safety and Equipment Public Safety (Incident Notification) Regulations, 1997, requires notification to the relevant authority where an incident is categorised as serious. A list of the incidents or resulting injuries are given below. Should any of the following situations occur, HIC's Student Administration requires **immediate notification**. They will then notify the Victorian WorkCover Authority.

**Notification is required where such incidents occur as:**

1. Exposure to dangerous goods
2. Collapse, overturning, failure or malfunction of, or damage to plant
3. Collapse or failure of an excavation or the shoring support of an excavation
4. Collapse of part of a building or structure
5. Implosion, explosion or fire
6. Escape, spillage or leakage of dangerous goods or hazardous substances
7. all from a height of a person or dangerous/heavy object(s)

**Notification is also required where persons sustain such injuries as:**

1. Medical treatment within 24 hours of being exposed to a substance
2. Immediate hospital treatment as an in-patient and/or
3. Immediate medical treatment for:
  - Amputation
  - Serious head injury
  - Serious eye injury
  - Separation of skin from underlying tissue
  - Spinal injury
  - Loss of bodily function
  - Serious laceration
  - Death
  - Electric Shock

**What is Immediate Medical Treatment?**

Immediate Medical Treatment is treatment required to be administered to an injured person by a medical practitioner without delay after an incident.