



## S 16a ACCIDENT OR INCIDENT REPORT

**Last Reviewed:** June 2011

**Next Review:** June 2012

**Responsible:** The Principal

### Injured or Affected Person

Surname:	Forename:	
Address:	Age:	Gender:
	Status:	
	Class or form if pupil:	

### Details of Accident or Incident

Nature (state whether injury, near miss or other):

Location:

Date:

Time:

Witnesses:

### Details of Injury

Nature (if none write none):

Part of body:

Treatment (tick boxes):

No treatment

First aid

Resumed work

Sent home

Attended GP

Sent to hospital

Detained for

hours

### Outcome (tick boxes)

Not off work or school

Off work or school more  
than three days

Permanent partial  
disability

Off work or school less  
three days

Permanent total disability

Temporary incapacity

### Description of Events Leading up to Accident or Incident



**Description of Immediate Actions**

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**Description of Possible Causes**

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**Review of Options to Prevent Reoccurrence**

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**Recommendations**

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**Report Completed B**

Nam:	Signature	
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