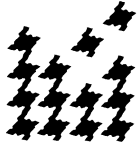


## First Aid Report Form

This report is to be completed by the First Aid Officer immediately after the provision of treatment for all injuries and illnesses and handed directly to the relevant Line Manager (or the PAM if the Line Manager is not available).

The Line Manager must enter the details into **TrackSafe within 12 hours.**

INCIDENT TYPE			
First Aid Injury <input type="checkbox"/>	Personal Illness <input type="checkbox"/>	TrackSafe Reference	INC -
INCIDENT / INJURY DETAILS			
Date of Incident		Time of Incident	
Date Reported		Time reported	
Reported By			
Reported To			
INJURED PERSON INVOLVED			
Person Type	Employee <input type="checkbox"/> Concession <input type="checkbox"/> Contractor <input type="checkbox"/> Customer <input type="checkbox"/> Visitor <input type="checkbox"/>		
First Name(s)			
Surname		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address			
Contact number		Date of Birth	
Employee ID		Shift Commenced	
Position & Department			
Detailed Description of the Incident: * What happened? * How it happened? * Contributing factors?			
INCIDENT / INJURY LOCATION			
Specific Area * Department * Floor Level			



## First Aid Report Form

RESPONSIBLE WORK AREA			
Line Manager		Store	
Department			
INJURY DETAILS			
Nature of Injury (e.g. strain, laceration)			
Exact Bodily Location of Injury (e.g. L or R, upper or lower back)			
Description of Injury / Illness			
Work related incident?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Description of Treatment Provided			
Immediate Action Taken by the Supervisor / Manager (e.g. control of hazards)			
WITNESS DETAILS			
Witness' to Incident	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Witness Name(s)			
FIRST AID OFFICER DETAILS			
Full Name			
Department			
Signature		Date	