

Name of Injured Person <i>(If applicable)</i>		Name of Reporter <i>(Person completing this form)</i>	
Date Reported		Reporter Email Address	
Date of Incident		Time of Incident	
Club Name			
Did the incident happen on campus		Did the incident happen off campus	
Location of Incident <i>(Include business name if applicable)</i>			

Incident Details

Type of Incident	Injury/ Illness	Near Miss	Property Damage	Hazard <i>(Report via www.pulsesupport.com.au)</i>
Description of Incident <i>(Provide as much detail as possible, including who, what, when, where and how)</i>				

Injury or Illness Details *(Leave blank if ticked Hazard above)*

Type of Incident	Bump	Cut	Fracture	Respiratory	
	Slip	Ergonomic	Break	Psychological	
	Burn	Fall	Faint	Concussion	
	Strain	Bruise	Trip	Other:	
Location of Injury or Illness on Body <i>(If applicable)</i>					
Treatment Provided	No Treatment Provided	Monitored		General First Aid	
	Doctor (GP)	Hospital <i>(please note in description if ambulance was called)</i>		Other:	
First Aider Name <i>(If applicable)</i>		Date of First Aid Treatment		Time of First Aid Treatment	
First Aider Phone Number		First Aider Email Address			





Risk Assessment (Circle the applicable risk rating)

		Severity			
		Minor: No injury or damage	Moderate: Minor first aid treatment	Major: Medical treatment required	Severe: Death or permanent disability
Likelihood	Rare	Low	Low	Medium	High
	Possible, but unlikely	Low	Medium	High	Extreme
	Likely	Medium	High	High	Extreme
	Almost certain	Medium	High	Extreme	Extreme

Corrective Action

Actions (Select action taken to minimise or eliminate the hazard)	Immediate action taken (Description of action taken to minimise or eliminate the hazard)
Elimination (hazard removed)	
Substitution (use an alternative)	
Redesign (change equipment or process)	
Administration (change work practice)	
Personal protective equipment	
If you cannot action this immediately, escalate to UniClubs and UOW Pulse at pulse-uniclubs@uow.edu.au .	

Confirmation

Note for injured person		Note for reporter	
By signing this confirmation, you agree that you the information provided in this document is accurate, complete and truthful to the best of your knowledge. The details in this form will be used for reporting purposes at UOW Pulse and will be provided to our People & Culture team. Deidentified information will be provided to UOW Pulse's WHS Committee and Board of Directors.		By signing this confirmation, you agree that the information provided in this document is accurate, complete and truthful to the best of your knowledge. You agree that it has been reviewed by the injured person and that the injured person was in a sound state of mind at the time of signing. If they are not, do not ask them to sign the form until a later date.	
Injured Persons Signature (If applicable)		Date	
Injured Persons Phone Number (If applicable)		Injured Persons Email Address (If applicable)	
Manager Signature		Date	
Manager Phone Number		Manager Email Address	

Please send form as soon as possible to the UniClubs team at pulse-uniclubs@uow.edu.au, even if unsigned by all parties.

Follow Up by UniClubs (Detail follow up actions taken & when)	
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