

Work Health and Safety

Accident and Injury Report - VIEW

This form should be completed when a VIEW Member or volunteer to The Smith Family is injured while attending a VIEW club meeting or while at a TSF workplace.

To be completed within 24 hours of when an injury is sustained

Circulation: **Section A** : The injured person is to complete (or attending First Aid Officer if injured person unable to).
(Please tick **Section B** : Manager to complete (Check Section A also)
box)

Completed form should be sent to National Manager as soon as possible but within 48 hours of injury.

SECTION A: To be completed by the injured person (or Manager / Team Leader / attending First Aid Officer if injured person unable to) - contact Team Leader

DETAILS OF INJURED PERSON

Surname Given Names
Address Suburb Postcode
Date of Birth M F View Club member / Volunteer / Visitor to the workplace (circle or tick one)
Role Team Location

DETAILS OF ACCIDENT

Date of injury Time of injury Place of Injury
Nature of injury (e.g. strain, laceration)
Part of body injured (e.g. left leg, right thumb)
How did the injury occur?
.....
.....

DETAILS OF TREATMENT

Treatment given
.....
Name of person providing first aid Position
.....
Referrals for further treatment (e.g. nurse, doctor, ambulance)
.....

Signature of injured person (or person completing form if injured person unable to) : Date :

SECTION B: To be completed by National Manager, VIEW Clubs Australia

DESCRIPTION OF ACCIDENT

In addition to above (e.g. more details available, property or equipment damage, services interrupted, nature of damage, witnesses, other contributing factors). Please write N/A if no further comments

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ACTION TAKEN / PROPOSED TO PREVENT RECURRENCE

.....
.....
.....

Nat Manager signature : Date :

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ACCIDENT and INJURY REPORTING STEPS

| STEP | ACTION | MANAGER ACTION |
|-------------------------|--|---|
| 1. Medical attention | <ul style="list-style-type: none">If required, seek medical attention from the first aid officer, a doctor or the hospital | Ensure appropriate medical attention is sought. |
| 2. Report the injury | <ul style="list-style-type: none">Report the injury to your team leader immediately | Ensure Accident and Injury Report is completed within 24 hours . Manager/attending First Aid Officers should complete the form to the best of their ability if injured person is unable to. |
| 3. Record injury | <ul style="list-style-type: none">Complete the "Accident and Injury Report" form within 24 hours of injury | <ul style="list-style-type: none">Sign the "Accident and Injury Report" formSend a copy of "Accident and Injury Report" form to the National Manager VIEW Clubs within 48 hours |
| 4. Investigation | | <ul style="list-style-type: none">Record hazard that was the cause of the accident or injury on the Risk Register (if appropriate).Conduct accident investigationTake steps to assess and control the hazardForward report to National Manager VIEW Clubs of Australia |

If you have any questions about injury reporting or injury management please contact the National Manager, VIEW Clubs Australia.