



Accident and Injury Report - VIEW

This form should be completed when a VIEW Member is injured while attending a VIEW Club meeting or while at a TSF workplace. The completed form should be emailed to the National Manager, VIEW, as soon as possible, but in any case within 48 hours of injury. (view@thesmithfamily.com.au)

- Please tick box Section A: The injured person is to complete (or Manager / Team Leader / attending First Aid Officer if injured person unable to). To be completed within 24 hours of when an injury is sustained.
Section B: Manager to complete (Check Section A also) To be completed within 48 hours of when an injury is sustained.

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

Form fields for injured person details: Surname, First Name, Address, Suburb, Postcode, Date of Birth, VIEW Club

Details of person completing form (if other than injured person)

Form fields for person completing form: Surname, First Name, Telephone, Email

DETAILS OF ACCIDENT

Form fields for accident details: Date of injury, Time of injury, Place of Injury, Nature of injury, Part of body injured, 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

Date :

of injured person (or person completing form if injured person unable to)

SECTION B: To be completed by a VIEW Club Representative (Club President or Secretary etc.)

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

ACTION TAKEN / PROPOSED TO PREVENT RECURRENCE

Club Representative

Signature :

Date :

ACCIDENT and INJURY REPORTING STEPS

STEP	ACTION
<p>1. Medical attention</p>	<ul style="list-style-type: none"> • If required, ensure appropriate medical attention is sought from the first aid officer, a doctor or the hospital
<p>2. Report the injury</p>	<ul style="list-style-type: none"> • Inform appropriate VIEW Representative on site (ensuring your Club is advised), Smith Family Representative (Team Leader/Manager) or Venue representative
<p>3. Record injury</p>	<ul style="list-style-type: none"> • Download Accident/Injury report (http://view.org.au/resources/forms/) complete within 24 hours. (This should be done by Manager / Team Leader / attending First Aid Officer if injured person unable to) • Send/Hand copy to VIEW Club Representative (Club President, Secretary, etc) for completion of Section B and forwarded to VIEW National Manager within 48 hours (view@thesmithfamily.com.au) • VIEW National Office to forward to Insurers for their review on receipt from VIEW Club. Response from insurers will be provided in due course.
<p>4. Investigation</p>	<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 investigation • Take steps to assess and control the hazard • Forward 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 (view@thesmithfamily.com.au).