



All incidents, injuries, potential causes of injury, near misses or dangerous occurrences involving staff, contractors or visitors to the ASC site must be recorded on this form. **All reports must be sent to [WHS@ausport.gov.au](mailto:WHS@ausport.gov.au) as soon as possible following the incident.**

If the incident involves the following, please notify ASC Security **IMMEDIATELY** on **(02) 6162 3333**

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More information is available in the ASC's [Incident and Injury Notification Policy](#)

**Privacy Notice:** The Australian Sports Commission (ASC) collects the information on this form in order to comply with its responsibilities for recording and dealing with workplace incidents/injuries, including in accordance with the Work Health and Safety Act 2011. The information may be used for the purpose of any investigation regarding the incident. The information will only be disclosed as permitted by law, which may include reporting of the incident to Comcare.

Details of the ASC's Privacy Policy are available at: [http://www.ausport.gov.au/legals/privacy\\_statement](http://www.ausport.gov.au/legals/privacy_statement)

## PART A - Reporting Details

1. Incident reported by

2. Date Reported (dd/mm/yyyy)

3. Time Reported (hh:mm)

4. Responsible Program (e.g. Tours, Sports Vacation Program)

## PART B - Incident Details

5. Date of incident (dd/mm/yyyy)

6. Time of incident (hh:mm)

7. Exact location of incident

8. Were there any witnesses?

No

Yes ▶ Witness name

Witness Contact number (incl. area code)

9. Describe how the incident occurred (Include: what led up to the event, the actual event, and any equipment, work practices, tasks or processes that may have been involved - attach a separate sheet if you need more room)

## PART B (Continued)

10. Did this incident result in an injury?

Yes ▶ Go to **PART C**

No ▶ Go to **PART D**

## PART C - Injured Person Details

11. Name of injured person

12. Date of Birth (dd/mm/yyyy)

13. Gender:

Male  Female

14. Street Address

Suburb

State

Postcode

15. Contact Phone

16. Guardian (if person is under 18 or requires supervision)

17. Street Address

Suburb

State

Postcode

18. Contact Phone

19. Is the injured person a:

Staff member

NSO Staff/Athlete

Contractor

Visitor to the ASC

**20. Nature of injury**

- Abrasion/graze/bruise
- Open wound/cut/laceration
- Fracture
- Dislocation
- Sprain/strain
- Overuse injury to muscle or tendon
- Burn
- Eye injury
- Electrocution
- Other (please specify):

**21. Part/s of body Injured (please select all that apply):**

**Head**

- Head/face
- Eye/s
- Neck

**Upper Limbs**

- Arm/s
- Shoulder/s
- Hand/s
- Finger/s

**Lower Limbs**

- Leg/s
- Hip/s
- Foot/feet
- Toe/s

**Trunk**

- Back
- Internal Organs
- Trunk (other than back)

**Other (please specify):**

**22. Cause of Injury**

- Struck by person (injured person stationary)
- Struck by object (injured person stationary)
- Collision with moving object or person
- Collision with fixed object
- Fall from height or same level
- Temperature related (e.g. heat stress)
- Overexertion
- Overuse
- Slip/Trip
- Environmental
- Other (please specify):

**23. Treatment received**

- None given (not required)
- None given (refused)
- First aid
- Medical practitioner
- Physiotherapist/chiropractor
- Ambulance transport
- Hospital
- Other (please specify):

**24. Result of injury**

- Injured person immediately returned to activity
- Injured person unable to return to activity
- Injured person able to return to activity but chose not to

## PART D - Investigation

If the individual involved requests a copy of this report, they can be provided with parts A, B and C. Part D is for internal use only

25. What factors do you believe caused/contributed to this incident? (Attach a separate sheet if necessary)

26. What immediate remedial action has been taken to address the incident? (Attach a separate sheet if necessary)

27. What long-term controls can your work area put in place to prevent this from happening again? (Attach a separate sheet if necessary)

28. Has property been damaged?  Yes  No

29. Has a repair request been lodged through the ASC maintenance system (BEIMS)?  Yes  No  Not Applicable

Please provide details (incl. any actions taken for repair/replacement):

30. Has a copy of parts A, B and C of this report been requested by and provided to the injured person or their legal guardian?

Yes  No

### Person completing the form:

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Contact Phone

\_\_\_\_\_

### HR USE ONLY

Date received by HR

\_\_\_\_\_

Reported to Comcare?

Yes

No

Follow up action required?

Yes

No

HR Comment

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