Work placement Incident and Injury Report Form

Email: training@retail.org.au or to your contact at the ARA Retail Institute
Email: RTO

Name: _____ Date: _____
Group _____ Title: _____
Sex: _____ DOB: _____
Email Address: _____ Phone: _____
Address: _____

Incident

Date of Accident: _____ Time of Accident: _____
Reported to: _____ Reported by: _____
How did the injury occur? _____

Witnesses: _____

Others Involved: _____

Caused by: ❑ Equipment Malfunction ❑ Safety Violation ❑ Collision ❑ Fall/Falling Object
Other: _____

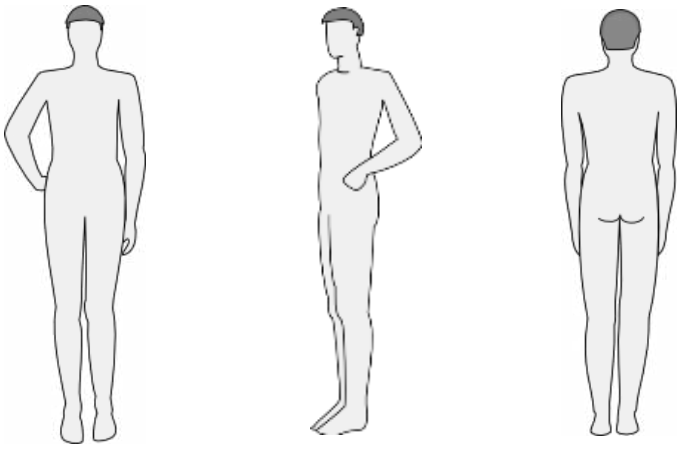
Injury

Description of Injury: _____
❑ Burn ❑ Cut ❑ Bruise ❑ Scrape ❑ Break ❑ Sprain ❑ Strain ❑
Nature of Injury: Concussion
Other: _____

Part(s) of Body Affected

❑ Left ❑ Right

❑ Foot	❑ Ankle	❑ Knee	❑ Shin
❑ Calf	❑ Thigh	❑ Buttocks	❑ Waist
❑ Hip	❑ Groin	❑ Stomach	❑ Ribs
❑ Chest	❑ Back	❑ Shoulder	❑ Neck
❑ Hand	❑ Wrist	❑ Forearm	❑ Elbow
❑ Bicep	❑ Head	❑ Forehead	❑ Ears
❑ Eyes	❑ Nose	❑ Mouth	❑ Chin



Care

Doctor: Hospital:
Date visited: Accompanied by [if applicable]

Host employer care provided by: