MiHaven TRAINING
RTO 40928

P.O. Box 7777 Cairns QLD 4870
Phone: 07 4041 0407

Accident/ Incident Report

CONFIDENTIALITY: This form will be held securely by MiHaven Training for the purposes of ensuring and monitoring health and safety and will only be disclosed to persons or organisations able to demonstrate a legal right to the data therein (e.g. insurance companies).

This report reflects an accurate record of the injured person's reported symptoms of injury.

DETAILS OF PERSON COMPLETING THIS REPORT			
Given Name:		**Surname:**	
Position/ Role:		**Phone Number:**	
Signature:		**Date:**	

DETAILS OF INCIDENT	
What happened? Give cause (how and why) if known.	
Nature of injury:	☐ New injury ☐ Aggravated injury ☐ Recurrent injury ☐ N/A
Witness/s:	
First Aider:	
Initial Treatment:	☐ No treatment required ☐ Rest ☐ Dressing ☐ RICER ☐ Sling/splint ☐ H^2O Flush ☐ CPR/AED ☐ Assist with own medication ☐ Other:

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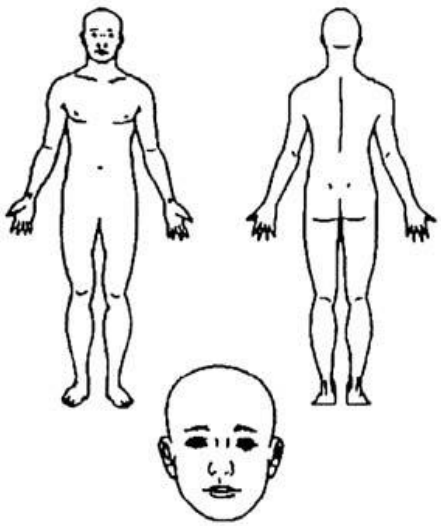
SYMPTOMS OF INJURY		
☐ Blisters – **B**	☐ Inflammation/swelling – **Sw**	☐ Spinal injury – **SI**
☐ Bleeding – **Bl**	☐ Amputation – **A**	☐ Cardiac problem – **C**
☐ Bruising/contusion – **Br**	☐ Suspected fracture/break – **F?**	☐ Electrical shock - **ES**
☐ Cut/Laceration – **C/L**	☐ Dislocation – **D**	☐ Burn – **Bu**
☐ Graze/abrasion – **G**	☐ Head injury – **HI**	☐ Insect bite/sting – **B/St**
☐ Sprain/Strain – **Sp**	☐ Loss of consciousness – **LOC**	☐ Poisoning - **P**

Body part injured: ***Use Key Above***	right left left right 	
Mechanism of Injury:	☐ Impact with a fixed object ☐ Contact with hazardous substance ☐ Unexpected collapse of a structure ☐ Environmental exposure	☐ Impact with moving object ☐ Fall from height ☐ Slip/trip ☐ Other
PPE:	Was protective equipment worn on the injured body part? ☐ Yes ☐ No	
Follow up action:	☐ None ☐ Doctor only ☐ Ambulance ☐ Hospital In-patient	

TIME AND LOCATION OF INCIDENT			
Date when injury occurred:		**Time when injury occurred:**	
Location/Address of injury:			
When did the injury occur:	☐ In transit (work-related) ☐ Working ☐ Training Session ☐ Visiting site ☐ Other:		

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DETAILS OF PERSON INJURED #1			
Given Name:		**Surname:**	
Date of Birth:		**Gender:**	☐ M ☐ F ☐ Other
Phone Number:		**Address:**	
Status:	☐ Contractor ☐ Worker ☐ Student ☐ Visitor		
Date when injury was reported:			

DETAILS OF PERSON INJURED #2			
Given Name:		**Surname:**	
Date of Birth:		**Gender:**	☐ M ☐ F ☐ Other
Phone Number:		**Address:**	
Status:	☐ Contractor ☐ Worker ☐ Student ☐ Visitor		
Date when injury was reported:			

REVIEWED/ MANAGEMENT			
Report Reviewed by:		**Date:**	
Investigation Needed:			
Details of next steps:			
Signature:		**Phone Number:**	

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FURTHER NOTES (IF REQUIRED)