Educator/employee injury/accident/illness report

To be completed for all workers compensation claims, minor injuries that could lead to a claim in the future, and "near miss" where there is a potential for future injury.

Name of injured:

.....

Service: .....Position:.....

Injury/Accident Date: ..... Time: .....

Name anyone that witnessed the incident: .....

Describe work being done at time of incident: .....

.....

Location: ..... Type of Injury/Accident: .....

What led to the incident: .....

.....

Treatment: First Aid ☐ Doctor ☐ Hospital ☐

Sent Home ☐ No Treatment ☐ Rehabilitation ☐

Was compensation claim forwarded to the employer? Yes ☐ No ☐

Time and Date ceased work and time: ..... AM/PM ...../...../..... date

Possible date of return to work.....Actual date of returned to work.....

Steps taken to prevent repeat of injury: .....

.....by whom: .....

Further action needed: .....

.....

.....by whom: .....

Signatures: ..... Nominated Supervisor/ Approved Provider

Person Injured.....Witnesses (if any).....

To be completed and handed to the Approved provider/Nominated Supervisor as soon as possible.