**Accident/Incident Report**

To be completed within **24 hours** of incident and returned to the Deputy Headmaster’s Office

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Contact Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim status:</td>
<td>□ STAFF □ VISITOR □ STUDENT</td>
</tr>
<tr>
<td>Victim Surname:</td>
<td></td>
</tr>
<tr>
<td>Contact number:</td>
<td></td>
</tr>
</tbody>
</table>

Date of incident: ________/______/______  Time of incident: ...................... AM/PM (Circle)

Date reported: ________/______/______  Reported to: ____________________________

What Happened? How did the incident occur? (eg. slip/trip/fall, struck by object, chemical exposure, body stress)

__________________________________________________________________________

Description of incident (if more space is needed please attach additional A4 sheets):

__________________________________________________________________________

Nature of injury/illness (eg. cut/abrasion/burn/fracture/poison):

__________________________________________________________________________

If the incident was caused by a hazard, briefly describe the hazard and its location:

__________________________________________________________________________

Name of witness:  Phone Number:

Outcome of the incident  □ REPORT ONLY □ FIRST AID □ MEDICAL CENTRE □ DOCTOR □ HOSPITAL

Was an Ambulance Called? □ NO □ YES  Medical Centre Notified? □ NO □ YES

Person providing care to victim:  Phone Number:

Did you have time off because of the incident:  □ NO □ YES  Ceased Date ____/____/____  Time: __________

I, ____________________________ hereby declare that the information provided in the foregoing statement is true and correct. I am aware that penalties apply for making false declarations.

Signature:  Date: 

**Office Use Only:**  
Deputy Headmaster’s Signature: ____________________________  Date: ____/____/____

Business Manager’s Signature: ____________________________  Date: ____/____/____

DHM Assistant to forward Copy to Medical Centre ____________________________________  Date: ____/____/____

Risk Assessment initiated by: ____________________________________  Date: ____/____/____

PTO

VEL Jan-14 (Staff)
**Accident/Incident Witness Report**

*To be completed within 24 hours of incident and returned to the Deputy Headmaster's Office*

<table>
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<tr>
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<th>Contact Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim status:</td>
<td>Contact Number:</td>
</tr>
<tr>
<td>☐ STAFF ☐ VISITOR ☐ STUDENT</td>
<td>School Year or Age:</td>
</tr>
<tr>
<td>Victim Surname:</td>
<td>Given Names:</td>
</tr>
<tr>
<td>Contact number:</td>
<td>Location of Incident:</td>
</tr>
</tbody>
</table>

Date of incident: _________ / ________ / ________  
Time of incident: __________________________ AM/PM (Circle)

Date reported: _________ / ________ / ________  
Reported to: __________________________

**What Happened? How did the incident occur?** (eg. slip/trip/fall, struck by object, chemical exposure, body stress)

__________________________________________________________________________

**Nature of injury/illness** (eg. cut/abrasion/burn/fracture/poison):

__________________________________________________________________________

Did the Victim lose consciousness during or after the incident?  ☐ NO ☐ YES

**Description of incident** (use back of page for additional space):

__________________________________________________________________________

If the incident was caused by a hazard, briefly describe the hazard and its location:

__________________________________________________________________________

**Details on assistance (if any) that you provided to the injured person:**

__________________________________________________________________________

I, _____________________________________________ hereby declare that the information provided in the foregoing statement is true and correct. I am aware that penalties apply for making false declarations.

Signature:  
Date:  

**Office Use Only:**

Deputy Headmaster's Signature: ___________________________  Date: _____ / ____ / ______

Business Manager's Signature: ___________________________  Date: _____ / ____ / ______