



Accident/ incident report for students and visitors

To be completed by the Principal or designated person

Report Type: Injury Illness Dangerous event/ near miss

School name: Principal:.....
Address: Contact number:

Details of person/s injured/ involved..... Student Visitor Other.....
Name:
Address:
Date of Birth:/...../..... Contact number/s:.....

Date of occurrence:...../...../ 20..... Time of occurrence:-AM/ PM
Type of injury or incident (e.g. cut, sprain, near miss or damage to property/equipment)
.....
Part of the body injured (e.g. Right/hand, left/eye).
.....
What happened? (e.g. Slipped on wet concrete whilst walking across yard).
.....
Where did it happen? (e.g. Classroom, gymnasium, sports oval etc.) Attach pictures as required.
.....
Medical treatment: N/A Nil First aid Doctor Hospital

Witnesses:
Name: Contact number:
Name: Contact number:

Action taken/ planned to prevent recurrence: (Attach pictures as required)
.....
.....
.....
.....

This report completed by: Name.....Signature: Date...../...../20...
Principal/ manager: Safety & health representative:
Date:Date:

This form is not to be used for staff accidents/ incidents - please use the 4 page [AIIR Form](#).
For advice, please email the OSH Team - Employee Relations: oshteam@education.wa.edu.au