THE UNIVERSITY OF NEWCASTLE AUSTRALIA

This form must be completed for an incident involving Injury/Illness, or reporting a workplace Hazard or Near Miss involving Property/Environmental Damage or an Unintentional GMO Release. Incidents involving actual or potential significant Injury/Illness must be reported immediately to the University's Health and Safety Team on Ph: 4921 8847 or Fax: 492 15935.

PERSON COMPLETING THE FORM: ☐ UoN Employee ☐ First Aid Officer ☐ Other (Please specify:……………………………………………)

Employee No.: ………………………………….. First Name(s): …………………………………………….. Surname: ……………………………………………………

Email: ……………………………………..……@newcastle.edu.au or ……………………………..……….@.. (if not UoN)

Position/Job Title: …………………………………………………………………………………………………….. Contact Phone No.: …………………………………

INCIDENT TYPE: What type of incident are you reporting (Select one only?) ˜ Injury/Illness ˜ Hazard ˜ Near Miss

Was there any? Property Damage Environmental Damage Unintentional GMO Release

If you selected any of these options please provide a brief description of the damage or GMO Release.

Property/Environmental Damage Details: ....

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Reported to Facilities Management via Maximo Date: ……/……/……. Job/Work Order No.: ……………………………………

Unintentional GMO Release Details:
Details: (ie Name, No., Chief Investigator Name & Release Details) ……………………………………………………………………………………………………..

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INJURED/ILL PERSON DETAILS:
Family name of injured person: ……………………………………………………………… Given name(s): …………………………………………………………………

Staff No.: ……………….…Student No and Program of Study:………………………………………………………DOB: ……/……/…... Gender: M ☐ F ☐

Address (Home): ……. Postcode: ……………

Phone (Work): ……………………………………….. (Home): …………………………………………………. (Mobile): ……………………………………………..

Work Location (e.g. Campus/Faculty/School/Division/Org. Unit): ……………………………………………………………………………………………………....

Occupation: ………………………………………………………… Supervisor Name: ………………………………………….. Phone: ………………………………

Employment Status: Permanent Fixed Term Casual Contractor Full-Time Part-time Student Visitor Other: ………………………………………………

DESCRIPTION OF INCIDENT/HAZARD/NEAR MISS

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REPORT TO BE SENT TO:
Lecturer Supervisor or University contact: Name: ………………………………………………………………….. Phone No: …………………………………………..

INCIDENT/HAZARD/NEAR MISS DETAILS

Date of Incident/Hazard/Near Miss: ………/………/………. Time it Occurred: …………… AM/PM Date Reported: ……/……/…….

Reported to: ……………………………………………………………………. Location (Campus): ……………………………………………………………………

Building: ………………………………………………………………… Room No.: ………………………….. Grid Ref: (Attach Campus Map) ………………………

Specific Location (additional, detail on location) ………..

INJURY/ILLNESS DETAILS
Injury Type: ☐ Lost Time Date Stopped: ……/……/……. Time Stopped ……….AM/PM

Treatment Type: ☐ Medical Treatment ☐ Hospital ☐ First Aid ☐ Ambulance Called
(Select all applicable) ☐ Intend to Seek Medical Treatment ☐ WorkCover ☐ Medical Certificate Issued ☐ No Treatment Required

Description of Treatment Provided: ……

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Treatment Provided By: ………………………………………………………………………………………. Phone No: ……………………………………………

Description of Injury/Illness: ……….

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Task being Undertaken at time of Injury/Illness: ……

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What Part of the Body was Injured: ………..

WITNESS DETAILS (If applicable)
Name: …………………………………………………………………………………………………… Phone No: ………………………………………………..

Address: ………

Amended 18 March 2015