

## Incident Notification Form – Chiltern Primary School

### School/Workplace Details

**School Name:**  
**Campus/Location**

:

**School Number:**

### Who experienced the Incident/Injury?

**First Name:**

**Last Name:**

**Address** (if  
applicable):

**Primary place of  
work:**

**Gender:** 1. Male 2. Female

**DOB:**

**PIN/ID No** (If applicable):

**Phone Number:**

**Type:** 1. Employee 3. Member of the public

2. Contractor 4. Parent

### When did the Incident/Injury occur?

**Time Category:**

1. Authorised breaks

2. Evening

3. Night

4. Office Hours - Before or after

5. Office Hours - Usual span

6. School Day - Students not present

7. School Hours - Class time

8. School Hours - Non-Class time

9. Weekend or Public Holiday

**Date:**

**Time:**

### What happened?

**Details of  
Incident:**

**Did an Injury  
Occur?**

1. Yes

2. No

## Where did the Incident/Injury occur?

### Location Category:

- |                               |  |   |  |
|-------------------------------|--|---|--|
| 1. Camp - Off premises        | 7. Non School - Corridor or internal walkway | 14. School - Classroom General              | 20. School - Other indoor location     |
| 2. Camp - Premises            | 8. Non School - Employer office              | 15. School - Classroom Technology           | 21. School - Other outdoor location    |
| 3. Camp - Recreation Facility | 9. Non School - Not Department premises      | 16. School - Classroom Workshops            | 22. School - Outdoor recreation space  |
| 4. Camp - Transport           | 10. Non School - Other Indoor                | 17. School - Corridor                       | 23. School - Paths, walkways and ramps |
| 5. Excursion - Destination    | 11. Non School - Outdoor within precinct     | 18. School - Gymnasium/Stadium              | 24. School - Stairs and steps          |
| 6. Excursion - Transport      | 12. Non School - Room other than office      | 19. School - Offices or administration area |  |
|                               | 13. Non School - Transport                   |   |  |

### Details:

## What work/activity was being performed?

### Work Category:

- |   |   |  |                              |
|---|---|--|------------------------------|
| 1. Administrative/managerial                | 6. Classroom assistance other than teaching | 11. Parent/Teacher Interviews/meetings | 16. Teaching                 |
| 2. Camp/Excursion Participating in Activity | 7. Gardening/Maintenance/Cleaning           | 12. Personal activity                  | 17. Training/PD off-site     |
| 3. Camp/Excursion Personal                  | 8. Movement within workplace                | 13. Personal care of students          | 18. Training/PD on-site      |
| 4. Camp/Excursion Supervision               | 9. Off site duties                          | 14. Preparations                       | 19. Travel between locations |
| 5. Camp/Excursion Travel                    | 10. Other supervisory                       | 15. Sports or games                    | 20. Yard duty                |

### Details:

## Proportion of hours worked at time of incident/injury?

- |                |                         |                   |             |
|----------------|-------------------------|-------------------|-------------|
| 1. 25% or less | 2. 26%-50%              | 3. 51%-75%        | 4. 76%-100% |
| 5. Overtime    | 6. Outside normal hours | 7. Not Applicable |             |

## Training, Certification and Experience?

- |   |            |                   |
|---|------------|-------------------|
| Did the activity require training/certification?        | 1. Yes     | 2. No             |
| Were you sufficiently trained/qualified?                | 1. Yes     | 2. No             |
| Experience in the task being performed (if applicable): | 1. (Years) | 2. Not Applicable |

## Witnesses? (If any)

### Is there a Witness?

1. Yes

2. No

First Name:

Type: 1. Employee

3. External Person

Last Name:

Person ID (If applicable):

Address:

Phone Number:

## Incident/Injury Classification?

### Mechanism of Injury:

1. Being hit by moving objects-ball,flying object,hit accidentally by person,assault

8. Falls from a height

15. Muscular stress, lifting, carrying or putting down objects/students

21. Single contact with chemical or substance (excl. insect,spider bites and stings)

2. Contact or Exposure to heat and cold

9. Falls on same level (including trips & slips)

16. Other and multiple mechanisms of injury

22. Student Challenging Behaviour (e.g. Striking,kicking,spitting,phys. threats)

3. Contact with Electricity

10. Hitting objects with part of the body (e.g. struck leg on table while passing)

17. Other contact with chemicals or substance-incl. insect and spider bites, stings

23. Unspecified mechanism of injury

4. Contact with, or exposure to, biological factors

11. Long term contact with chemical or substance

18. Other muscular stress (e.g. voice strain)

24. Use of hand-tools or machinery

5. Exposure to mechanical vibration

12. Long term exposure to sound

19. Physical injury - Other specified activity

25. Vehicle Accident

6. Exposure to mental stress (e.g. Traumatic event,conflict,bullying,work pressure)

13. Muscular stress handling object/student excl. lifting, carrying or putting down

20. Repetitive movement with low muscle loading (e.g. Occupational Overuse Syndrome)

7. Exposure to sharp, sudden sound

14. Muscular stress with no objects being handled (e.g. sport)

### Agency of Injury:

1. Biological Agencies

6. Machinery and fixed plant

11. Non-physical agencies

16. Powered equipment, tools and appliances

2. Chemicals

7. Mobile Plant

12. Other agencies

17. Road transport

3. Human Agencies

8. Non living animals

13. Other materials, substances or objects

4. Indoor environment (incl. office)

9. Non powered equipment

14. Other transport

5. Live Animals

10. Non powered hand tools

15. Outdoor environment

### Nature of Injury:

(only complete if an injury occurred)

1. Bruising (contusion with skin in tact)

8. Dislocations

15. Internal injury (body organs)

21. Other diseases of the skin and subcutaneous tissue

2. Burns

9. Disorders of the muscle, tendons and other soft tissues

16. Intracranial injury, including concussion

22. Poisoning (and toxic effects of substances)

3. Cancers and other neoplasms

10. Effects of weather, exposure, external effects, air pressure and other external

17. Mental Disorders

23. Sprains and Strains (of joints and/or adjacent muscles)

4. Deafness

11. Eye disorders (non traumatic)

18. Multiple Injuries (only to be used where no principal injury can be identified)

24. Superficial injury (minor scratches and scrapes)

5. Dermatitis and Other eczema

12. Foreign body in eye, nose, respiratory system, choking

19. Open wound not involving traumatic amputation

25. Traumatic amputation, including enucleation of eye (loss of eyeball)

6. Disease of circulatory sys. (incl heart,hypertension,hypotension, varicose vein)

13. Fracture (incl. broken bones)

20. Other & Unspecified injuries

7. Disease of the respiratory sys. (incl. asthma,legionaires,asbestosis,pneumocon.)

14. Hernia

### Bodily Location:

(only complete if an injury occurred)

1. Back

5. Feet and toes

9. Hips and legs

13. Trunk (other than back and excluding internal organs)

2. Ear

6. General and unspecified locations

10. Internal organs (located in the trunk)

3. Eye

7. Hands and fingers

11. Neck

4. Face

8. Head (other than eye, ear and face)

12. Shoulders and arms

**Who was notified of the incident/injury? (Leave blank if no one)**

**FIRST PERSON:**

**Date notified:**

**Time notified:**

**First Name:**

**Type:** 1. Principal/Manager 3. External Person

**Last Name:**

2. Other Employee

**Address:**

**Person ID (If applicable):**

**Phone Number:**

**SECOND PERSON:**

**Date notified:**

**Time notified:**

**First Name:**

**Type:** 1. Principal/Manager 3. External Person

**Last Name:**

2. Other Employee

**Address:**

**Person ID (If applicable):**

**Phone Number:**

**Treatment for Injury (if applicable)**

Was medical treatment given?

1. Yes

2. No

Type of treatment (if applicable)

1. Local First Aid

2. Hospital and/or GP/Dentist

**Details:**

**Consequence of Injury (If applicable)**

**Injury resulted in:** 1. No lost time from work

2. Lost time from work

3. Fatality

**Form Completion (Who filled in this form)**

**First Name:**

**Last Name:**

**Date:**

**Signed:**