

Complete this form in the event of an accident, incident and/injury whilst on placement.
Please return the form to your Placement/Academic Coordinator as soon as possible.

SECTION A

Use this form to report any placement/workplace or journey accident, incident, near miss, injury or illness
Immediately notify your Supervisor, Academic or Placement Coordinator in the event of an injury
The information on this form will be used for the purposes of managing the incident, and mandatory reporting requirements.

| | | | | | | | |
|--------------------------------|---------------------------|-------------------------|------------------------------------|----------------------------------|----|--|--|
| DID AN INJURY/ ILLNESS OCCUR | | Yes | | | No | | |
| PLEASE TICK RELEVANT CATEGORY: | | | | | | | |
| TASK/WORK ACTIVITY | WHAT HAPPENED (mechanism) | PRIME CAUSE (agency) | INJURY/ILLNESS (classification) | BODY PART AFFECTED (location) | | | |

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 Immediately notify your Supervisor, Academic or Placement Coordinator in the event of an injury
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SECTION B CORRECTIVE ACTION

CHANGE PROCESS/EQUIPMENT/SUBSTANCE:

- Change to work area layout/design
- Change to work practices
- Debriefing or counselling
- Eliminate (remove)
- Isolate (limit access/exposure)