



This sheet can also be used for OSH reports.

Organisation: Incident number:

Accident or near accident or incident

Injury Death Illness Equipment Damage

Location: Date: Time of Day:

Days Lost? (Y/N) How Many? E = ended course participation

Weather:

Temperature Clouds Precipitation Visibility Wind

Type of injury/illness: (Indicate in the box with an "X")

- | | | | | |
|--|-----------------------------------|---|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Cold injury | <input type="checkbox"/> Asthma | <input type="checkbox"/> Urinary |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Puncture | <input type="checkbox"/> Hypothermia | <input type="checkbox"/> Infection | <input type="checkbox"/> Fever/Flu |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Sprain | <input type="checkbox"/> Hyperthermia | <input type="checkbox"/> Allergy | <input type="checkbox"/> Dermatitis |
| <input type="checkbox"/> Bruising | <input type="checkbox"/> Strain | <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Cardiac | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Laceration/Cuts | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Menstrual | |

Programme Type:

Activity being taken at the time (Indicate in the grey box with an "X")

- | | | | | |
|---|------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Camping | <input type="checkbox"/> Abseiling | <input type="checkbox"/> Rafting | <input type="checkbox"/> Caving | <input type="checkbox"/> Other: please specify |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Cooking | <input type="checkbox"/> Ropes Course | <input type="checkbox"/> Skiing | <input type="checkbox"/> |
| <input type="checkbox"/> Kayaking | <input type="checkbox"/> Cycling | <input type="checkbox"/> Initiatives | <input type="checkbox"/> Solo | <input type="checkbox"/> |
| <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Tramping | <input type="checkbox"/> Swimming | <input type="checkbox"/> Vehicle | <input type="checkbox"/> |
| <input type="checkbox"/> Mountaineering | <input type="checkbox"/> Running | <input type="checkbox"/> Sailing | <input type="checkbox"/> Service Project | |

Person in charge

Name:

Age: Gender (M/F):

Person involved in incident

Name:

Address:

Age: Gender (M/F): Phone/Contact No.

Narrative: (describe what you believe happened).

Date / Time	Event

Privacy

Information collected on this form is for the purposes of:

- identifying incident trends;
- informing safety management policy; and
- improving safety management procedures.

Details will be kept confidential to school management and Ministry staff responsible for EOTC. Schools and individuals will not be identified in any data analysis reports.