



INSTRUCTIONS FOR COMPLETING THE FIRST AID REPORT FORM

1. Print out the First Aid Report Form.
2. Complete **all** the details required including the name of any witnesses.
4. Ensure the form has been signed and dated by you.
5. Place the completed form in a sealed envelope and mark it “confidential.”
6. Send (via internal mail) to:

Occupational Health Nurse Consultant
Occupational Health and Safety
26 Research Way
Clayton Campus

Please note an online Hazard and Incident Reporting Form may be required to be completed (via S.A.R.A.H.). Ideally, the casualty should be encouraged to complete the online form as soon as they are well enough. The attending First Aider can delegate this task to another party (e.g. the injured person; a supervisor; a witness). Staff and students are able, and encouraged, to access the system via the my.monash portal and [OH&S unit website](#).

Please call one of the Occupational Health Nurse Consultants at Occupational Health and Safety on 9905 1014 if you have any queries regarding completing the First Aid Report Form.

Requests for further information and all enquiries regarding the S.A.R.A.H. can be directed to the OH&S unit via ohsehelpline@monash.edu.



Monash University First Aid Report Form

THIS IS A CONFIDENTIAL DOCUMENT AND SHOULD BE SENT DIRECTLY TO THE OCCUPATIONAL HEALTH NURSE CONSULTANTS

Date of injury:	Time of injury:
Hazard & Incident Form completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Incident No:

SECTION 1: CASUALTY INFORMATION

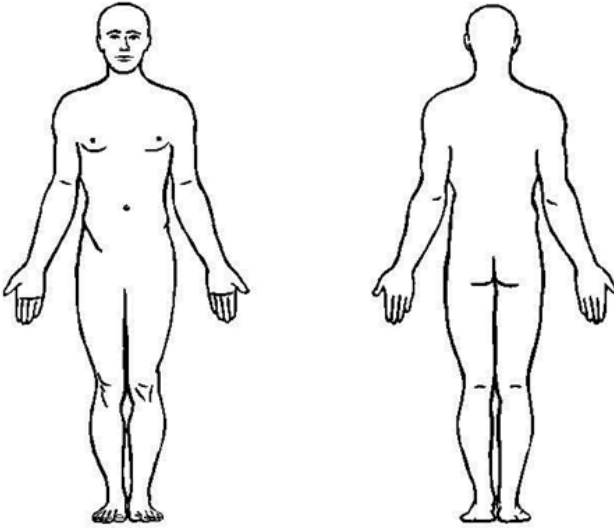
Name of injured person:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:		
Suburb:		Postcode:
Mobile:	Work:	Home:
Date of birth:	Occupation:	
(Please ✓) <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor		

SECTION 2: INJURY DETAILS

Location injury occurred: (eg 30 Research Way, stairwell outside room 419)

Nature of injury: (eg metal grinding; dust in right eye etc) Be specific. State which part of body affected eg: right/left/indicate finger etc

How injury occurred: (whilst cutting metal with angle grinder)

<p>Type of injury</p> <input type="checkbox"/> Abrasion <input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding <input type="checkbox"/> Breathing <input type="checkbox"/> Bruising <input type="checkbox"/> Burns <input type="checkbox"/> Electric shock <input type="checkbox"/> Fainting <input type="checkbox"/> Fracture <input type="checkbox"/> Head injury <input type="checkbox"/> Illness <input type="checkbox"/> Irritation <input type="checkbox"/> Laceration <input type="checkbox"/> Pain <input type="checkbox"/> Puncture <input type="checkbox"/> Seizure <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Unconsciousness <input type="checkbox"/> Other (specify): <hr/> <hr/>	 <p>LOCATION ON BODY (Circle injured area):</p>	<p>Cause of Injury</p> <input type="checkbox"/> Bite <input type="checkbox"/> Collision <input type="checkbox"/> Contact <input type="checkbox"/> Entrapment <input type="checkbox"/> Exposure <input type="checkbox"/> Fall <input type="checkbox"/> Lifting <input type="checkbox"/> Reaching <input type="checkbox"/> Slip <input type="checkbox"/> Struck <input type="checkbox"/> Submersion <input type="checkbox"/> Other (specify): <hr/> <hr/> <hr/> <hr/>
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Treatment details: (eg treatment, products used, time periods, cleaned, iced etc)

Outcomes: eg returned to work; went home; advised to see own doctor/specialist; referred to hospital; referred to Monash University Health Services; ambulance called.

Witness name: _____

Witness telephone no.: _____

Treated by: _____

Department: _____

Telephone no.: _____

Date report completed: _____

Name of First Aider: _____

Signature of First Aider: _____

Contact details: _____

Privacy Statement

The information on this form is collected for the primary purpose of providing high quality health care. It may also be used for a related secondary purpose that complies with legislative reporting requirements. The information collected on this form may be disclosed to others involved in your health care and government departments such as the Department of Human Services as required under mandatory reporting requirements. If all of the information requested is not provided, it may compromise the quality of the health care and treatment given to you, and may not be possible for the university to meet its legal obligations. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. To do this, please contact the Monash University Privacy Officer at privacyofficer@monash.edu.