

# Injury Incident Report

Details of Injured Person			
Name			
Date of Birth		Phone Number	
Emergency Contact			
Relationship to Injured		Phone Number	

Details of Person Completing Form	
Name	
Phone Number	
Known to Injured	Trainer Assessor / Fellow Student / Other:

Incident Details			
Date of Incident		Time of Incident	
Location / Address of Incident			
Details of the incident			
Describe the injury			

## Injury Incident Report

Please outline the steps taken to treat the injury
Please identify any hazards that may have contributed to or caused the injury
Other notes and comments

Injured Person's Name			
Signature		Date	/ /
Person Filling in Form			
Signature		Date	/ /

The safety and wellbeing of all AEATS students' & personnel is of the utmost importance.  
 Please coordinate an ambulance and/or emergency contact as required. Please notify AEATS management via  
 telephone. Please complete this form after the injured person has received adequate first aid.

Please return completed form to: [admin@aeats.com.au](mailto:admin@aeats.com.au)