

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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## 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 )