## FIRST AID FORM

<table>
<thead>
<tr>
<th>INFORMATION ABOUT PERSON BEING TREATED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal details:</strong></td>
</tr>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Sex: Female / Male</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Home Telephone:</td>
</tr>
<tr>
<td>Business Telephone:</td>
</tr>
<tr>
<td>Known illness, including medications:</td>
</tr>
<tr>
<td>Office Unit:</td>
</tr>
<tr>
<td>Position:</td>
</tr>
</tbody>
</table>

| Incident/Accident details:             |
| Date:                                  |
| Time:                                  |
| Work processes being performed:        |
| Description of incident/accident:      |

| Injury/Illness details:                |
|                                       |

| First Aid treatment provided:         |
| Date:                                  |
| Time:                                  |
| Details:                               |

| Referral (for further treatment, e.g. ambulance, hospital, doctor): |
| Subsequent Injury/Illness Management (e.g. details of rehabilitation etc): |

### FIRST AID PROVIDED BY:

| Name: (person completing this form) |
| Position:                           |
| Signature:                          |
ATTACHMENT B

Office of the Information Commissioner
Queensland

INCIDENT NOTIFICATION FORM

Details of Person Involved/Injured

Employment Status:  
- [ ] Office of the Information Commissioner employee  
- [ ] Contractor  
- [ ] Member of the public  
- [ ] Other (Please Specify)  

Given Names: ___________________________  Surname: ___________________________

Address: __________________________________________________________________

Contact Telephone Number: _________________  Mobile: _________________________

Date of Birth: _____ / _____ / _____  Occupation: _______________________________

Description of Incident

Date of Incident: _____ / _____ / _____  Time: _______ am/pm  Date Reported: _____ / _____ / _____

Incident Reported to: _________________________  Designation: __________________________

What were you doing at the time of the incident? _________________________________________

Where were you when the incident occurred? _____________________________________________

What happened to cause the incident? ___________________________________________________

Other factors involved:  
- [ ] Falls, trips and slips  
- [ ] Sound and pressure  
- [ ] Biological factors  
- [ ] Hitting objects with part of body  
- [ ] Body stressing  
- [ ] Mental stress  
- [ ] Heat radiation and electricity  
- [ ] Chemicals and other substances  
- [ ] Other and unspecified factors: ___________________________________________________

← PLEASE INDICATE INJURY LOCATION

Type of Injury:  
- [ ] Sprain & Strain  
- [ ] Fracture  
- [ ] Cut  
- [ ] Electric Shock  
- [ ] Burns  
- [ ] Bruising

Bodily Location of Injury: _____________________________________________________________

Medical Treatment:  
- [ ] nil  
- [ ] First aid  
- [ ] Doctor  
- [ ] Hospital

Hospital admitted to: _______________________________________________________________

Other items involved:  
- [ ] Machinery and (mainly) fixed plant  
- [ ] Power equipment, tools and appliances  
- [ ] Chemicals and chemical products  
- [ ] Other and unspecified agencies: _________________________________________________

Other and unspecified agencies: _____________________________________________________

Names and contact details of witnesses: ________________________________________________

Signature of Person involved/injured: ___________________________  _____ / _____ / _____

Incident Type

Office Use Only:  

Type of incident:  
- [ ] Work injury  
- [ ] Serious bodily injury  
- [ ] Dangerous electrical event

Name of Investigating WHSO: __________________________  Telephone Number: __________________________

PS Incident Report No.  ___________________  Notify Department of Industrial Relations?  
- [ ] Yes  
- [ ] No  

Office of the Information Commissioner: First Aid Policy
Version 3 – 16 September 2013