



CONFIDENTIAL

Incident Report

Copies only to: NAR / SAR / Instructor / Injured person,
unless otherwise approved by the National Area Representative

Incident reference number (if applicable):

- This is documenting an:
- Injury NOT requiring first aid
 - Injury requiring first aid
 - Narrowly avoided injury
 - Other (eg. potential hazard)
 - Personal complaint

1/ Incident details:

Date incident occurred: DD / MM / YY

Time incident occurred: HH : MM

Dojo Name/Location:

Was first aid or further treatment required?

- Yes No

Were there any witnesses?

- Yes No Number of witnesses

If 'Yes', complete section 8

Describe in words where in the dojo the incident occurred? Show on the diagram below.

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Kamiza

3/ Follow up

Does this incident require further investigation? Yes No
(If yes, refer to State Area Representative and/or National Area Representative)

National Schools Only

Instructor of the class notified? Yes No

Does the severity of this incident require notification to the National School Incident Management Team? Yes No

4/ Notification

TTC notified Yes No

National Area Representative notified: Yes No
Andrew Dzedzic
0419 218875
dziedzic@bigpond.net.au
5 Bertram St, Eastwood NSW

Email addresses for State Area Representatives:

ACT	Hanan Janiv <hjaniv@bigpond.net.au>	NSW	Jikou Sugano <jikou.sugano@gmail.com>
NT	Marie Petery <marie.petery@gmail.com>	QLD	Darren Love <tenchi@internode.on.net>
SA	David Scott <david.scott015@bigpond.com>	TAS	Martin Bratzill <tenchi.farm@bigpond.com>
VIC	Linda Godfrey <linda.godfrey@iinet.net.au>	WA	David Whyatt <david.whyatt@uwa.edu.au>

NB: Provide a copy of this report to each of these contacts:

- > All injured parties involved
- > Incident Management Team (National Schools Only)
- > State Area Representative

Have the injuries resulted in medical/allied health costs? If so, how much?

Have the injuries or the impact of the incident resulted in an inability to train? If so, for how long?

Have the injuries resulted in an inability to work? If so, for how long?

5/ Name of person completing report:

Signature of person completing report:..... **Date:** DD / MM / YY

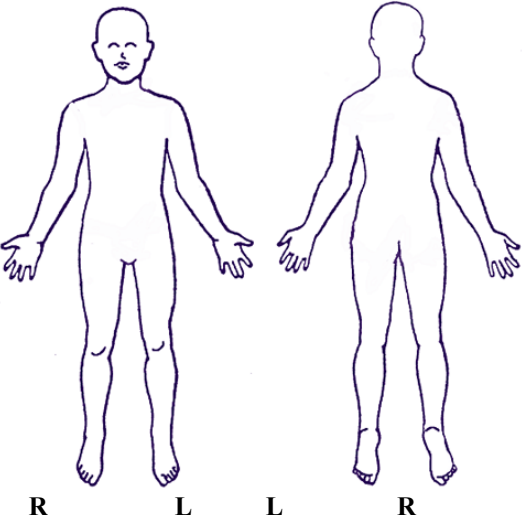
Email: **Mobile Phone:**

Additional Notes (Any other relevant information):

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6/ First Aid Details (To be completed, to the best of their ability, by the person/s rendering first aid to the injured person. Responders are not expected to take observations, if they do not feel competent to do so.)

<input type="checkbox"/> Consent to treatment		<input type="checkbox"/> Refusal of treatment		Injured Person Signature:				
General Observations		HH:MM		HH:MM		HH:MM		Assessment Injuries/Symptoms & Signs Abrasion Discolouration Pain Bleeding Fracture (?) Sprain Burn Laceration Swelling Contusion Tenderness 
Conscious State 1. Fully conscious 2. Drowsy 3. Unconscious								
Pulse 1. Slow, 2. Rapid, 3. Strong, 4. Weak, 5. Regular, 6. Irregular								
Pulse Rate								
Respiration 1. Deep, 2. Shallow, 3. Absent, 4. Gasping, 5. Rapid, 6. Slow								
Respiration Rate								
Temperature ()								
Skin 1. Hot, 2. Warm, 3. Cool, 4. Cold								
Pupils (Y/N)	Reactive	R	L	R	L	R	L	
	Equal							
Allergies/ Medications/Past Medical History:								
Treatment:								
Hospital (Own Transport)		<input type="checkbox"/>	Time of Departure		Expected Destination			
Ambulance		<input type="checkbox"/>	Time of call		Who called		Time arrived	
To own Doctor		<input type="checkbox"/>	Time of Departure					
Other (e.g. Police, Security)		<input type="checkbox"/>	Service		Time of call		Who called	
Continue Training		<input type="checkbox"/>	Time continued		Who advised			
First Aider (Print Name):						Date: DD / MM / YY		
Signature:						Time: HH:MM		



