**Occupational Health and Safety**

**To be completed by supervising Instructor**

1. What activity was the student undertaking at the time of the Incident?

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1. What Instruction had been given to the student in relation to the activity?

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1. Where were you in relation to the student at the time of the incident?

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1. Were any other teachers involved with or present during the class at the time of the incident?

Yes No

If “ Yes” Name/s and location at time of incident

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

1. Did you follow up on the student’s health? Yes No

What was the result?

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Name of supervising teacher……………………………………………………………………………..…….

Signature…………………………………………………………..Date………………../…………../…………….