**Occupational Health and Safety**

**Incident Report- Trainees Only**

Name of person injured………………………………………………………………D.O.B…………………………….……………………..

Trade………………………………………….…………………..NC level………………………………….………………………………………

Name of Teacher……………………………………………………………………………………………………………………………………….

Date of Incident……………/…………/……………. Time of Incident………………………..

Incident Witnessed by……………………………………………………………………………………

Date reported………………/…………../……………..Time reported…………………………..

Reported to…………………………………………………………….………………………………………

Incident Location: Campus………………………………….………………….………………………

 Building……………………………….….…….Level……..…….Room No……………………..………….

Nature of injury (eg. Cut)……………………………………………………………………………….........................................

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

Part of body injured or affected (Eg. Hand –specify right or left)……………………………………………………………….

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

1. Was there tools or machinery involved? If so please specify…………………………………………………………

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

1. Describe how injury happened……………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Did you cease class? Yes………… No……….

Treatment given:

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

Treatment given by:

Name ………………………………………………………………………..Signature……………………………………………………………….

Institute First Aider Yes…………..No………

Injured person referred to: Hospital (Yes/No)………………………..

Who accompanied the injured person to doctor/Hospital?...........................................................................

Injured person sent home/hostel…………………….. Resumed work/class……………

I agree to the information on this form being made available to the National Institute for Zorig Chusum, Occupational Health and Safety Committee for the purpose of maximizing safety at National Institute for Zorig Chusum.

Signature………………………………………………………………………………