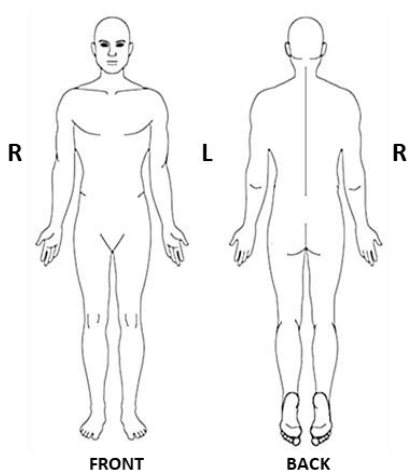


# Health and Safety Reporting Form

- Complete this page if you are reporting an **INJURY** (including pain and discomfort) or **ILLNESS**.
- Go to page 2 if you are reporting a **NON-INJURY INCIDENT**, a **NEAR MISS** or a **HAZARD**.
- A guide for filling out these forms is provided on page 3, and guidance for submitting reports is on page 4.

<b>INJURY/ILLNESS REPORT</b>		Date of occurrence: _____	Time: _____
Injured/ill person's name: _____			
The injured/ill person is: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Adult (16 or over) <input type="checkbox"/> Child			
<input type="checkbox"/> F&B staff	<input type="checkbox"/> A F&B volunteer (includes interns, KCOs and Youth Leaders)		
<input type="checkbox"/> A contractor	<input type="checkbox"/> A member of the public (includes KCC and Youth members)		
<input type="checkbox"/> Other (specify): _____			
Name and relationship of caregiver if the injured/ill person is a child or dependent			
Phone number and/or email address for injured/ill person (or their caregiver if a child or dependent)			
Which branch, project, network (includes Youth Hub and KCC) or office is the person associated with?			
What are you reporting? <input type="checkbox"/> An injury <input type="checkbox"/> Pain and discomfort <input type="checkbox"/> An illness			
Where did the injury or illness occur (geographic location)?			
Indicate the affected body part(s) below  		What happened? Describe the injury and the body part(s) affected  <hr/> How did it happen? What was the person doing at the time?	
What level of treatment was required? <input type="checkbox"/> No treatment <input type="checkbox"/> First aid only <input type="checkbox"/> Medical treatment Describe the treatment: _____			
Form completed by: Name: _____ Date: _____			
<b>If you are completing this form on behalf of the injured/ill person, please complete the following section</b>			
What is your daytime phone number? _____			
Which branch, project, network or office are you associated with?			

# Health and Safety Reporting Form

- Complete this page if you are reporting a **NON-INJURY INCIDENT, NEAR MISS, or HAZARD**.
- Got to page 1 if you are reporting an **INJURY** (including pain and discomfort) or **ILLNESS**.

<b>NON-INJURY INCIDENT, NEAR MISS or HAZARD REPORT</b>	Date of occurrence: _____	Time: _____
What does this report relate to? <input type="checkbox"/> A non-injury incident <input type="checkbox"/> A near miss <input type="checkbox"/> A hazard		
Name of person involved: _____		
The person involved is: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Adult (16 or over) <input type="checkbox"/> Child		
<input type="checkbox"/> F&B staff	<input type="checkbox"/> A F&B volunteer (includes interns, KCOs and Youth Leaders)	
<input type="checkbox"/> A contractor	<input type="checkbox"/> A member of the public (includes KCC and Youth members)	
<input type="checkbox"/> Other (specify): _____		
Name and relationship of caregiver if the person involved is a child or dependent		
Phone number and/or email address for the person involved (or their caregiver if a child or dependent)		
Which branch, project, network (includes Youth Hub and KCC) or office is the person associated with?		
Where did the non-injury incident or near miss occur, or where is the hazard located? Please give as much detail as possible (attach a map or diagram if you wish).		
What was happening at the time?		
Describe the non-injury incident, near miss or hazard. Please give as much detail as possible. Attach and extra page, diagram or photo(s) if required.		
What immediate corrective actions have been taken?		
Form completed by:   Name: _____   Date: _____		
<b>If you are completing this form on behalf of the person involved, please complete the following section</b>		
What is your daytime phone number? _____		
Which branch, project, network or office are you associated with?		

## Guide to the terminology used in these Forms

### Report types

Note: if you are unsure of how to classify your report, just select the report type that you feel best suits what happened.

**Injury:** Physical harm to a person.

**Pain and discomfort:** Muscle or joint aches that are the result of repetitive strain (such as lower back pain from repeated bending while potting plants, or shoulder pain from sitting at a computer for too long).

**Illness:** Disease or sickness which occurred while at work (such as fainting, a coronary event or seizure), and/or can be attributed to work (such as infection from an animal carcass, asthma caused by exertion).

**Non-injury incident:** An event where no person is harmed, but something else has happened. Examples might include: property damage, theft or loss of equipment, environmental impact, disruption of workflow, impact to F&B's reputation.

**Near miss:** An event that could have resulted in an injury or a non-injury incident, but in this case did not. For example, slipping on a step but managing not to fall and hurt yourself; or nearly knocking over a container of herbicide while filling a sprayer.

**Hazard:** Something which has the potential to cause harm, such as equipment which has become unsafe to use, or uneven flooring in a building that could cause somebody to trip and fall.

### Injury treatment types

**No treatment:** A very minor injury has occurred, but there was no need for first aid.

**First aid:** Treatment of minor injuries, or assistance given to a more seriously injured person before medical attention (if required) can be obtained. First aid does not include treatment by a medical professional.

**Medical treatment:** This is treatment by a medical professional, such as an ambulance paramedic, a GP, emergency department nurse or doctor, or a specialist (physiotherapist etc).

**Describe the treatment provided:** If first aid was provided, what was the first aid? Did an ambulance attend? Was the person taken to A&E? Did they get stitches? An xray? Was the person hospitalised? Give as much information as you have available at the time.

### People

**Injured/ill person:** This is the person who has suffered the injury or illness or is experiencing pain and discomfort. This might be you, or you might be filling out the form on their behalf.

**Person involved:** This is the person who was involved in, or witnessed, a non-injury incident or near miss, or identified a hazard. This might be you, or you might be filling out the form on their behalf.

## Submitting H&S Report Forms

Please submit the completed form within 48 hours of the injury, illness, non-injury event or near miss occurring, or of the hazard being identified.

### Branches

Submit the completed form to your Branch Chair or H&S Champion.

### KCC

Submit the completed form to the KCC Manager.

### Youth Hub

Submit the completed form directly to the Conservation Health and Safety Advisor.

### National Projects

Submit the completed form to your Project Manager or the Group Manager PBN

### Office staff (including interns and office-based volunteers)

Submit the completed form to your direct manager.

## Forwarding forms to National Office

The person (listed above) to whom the report is initially submitted must forward the report to the Conservation Health and Safety Advisor ([p.barnett@forestandbird.org](mailto:p.barnett@forestandbird.org)) within 24 hours of receipt.