

Severity

□ **N** (first aid)

Minor

Injury/Illness/Dangerous Event Report

Injury/Illness/D	angero	us Event Detai	ils Summary				
Details of Event				Date		-	Гіте
Dotallo Ol Evolit				Duto			
Was any person	injured	or ill as a result	of this event?	Yes			
Who was injured		or in as a result	or this event:	103		I	
•							
1. Details of per	son fire	st informed o	f the event				
(√ please tick)			- 110 01011				
` □ Team Of	ficial						
□ Athlete							
□ Other Pe	erson						
Given Name				Surname			
Civon Hamo				Jamamo			
Further details if	"other p	person"					
Address						Association wi	
Suburb						(√ please tick) □ Parei	
Cubuib			Post	Code		□ Offici	
Phone			. 000			□ Publi	
						□ Other	r:
2. Location – who	ere the e	event occurred					
Location	0.00	70.11 00001100					
2 \\/\bar\bar\bar\ar\ar\ar\ar\ar\ar\ar\ar\ar\ar\ar\ar\a	40						
What happene Detailed description		_					
what happened and							
4. Who was injur			Injured Person Deta	i ils (√plea	se tick)		
□ Team Of			Injured Person Deta	i ils (√plea	se tick)		
	ficial		Injured Person Deta	<u>iils</u> (√plea	se tick)		
□ Team Of □ Athlete □ Other Pe	ficial		Injured Person Deta	i <u>ils</u> (√plea	se tick)		
☐ Team Of ☐ Athlete ☐ Other Pe Details	ficial			i ils (√plea	·	al/Athlete/Othe	er Person
□ Team Of □ Athlete □ Other Pe	ficial		Injured Person Deta	<u>iils</u> (√plea	·	al/Athlete/Othe	er Person
☐ Team Of ☐ Athlete ☐ Other Pe Details	ficial	person"		i <u>ils</u> (√plea	Team Offici		
☐ Team Of ☐ Athlete ☐ Other Pe Details Given Name	ficial	person"		i <u>ils</u> (√plea	Team Offici	Association wi	ith TQ:
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☐ Team Of ☐ Athlete ☐ Other Pe Details Given Name Further details if Address Suburb Phone	ficial erson "other p	f more than one	Surname Post Code person was injure/ill co	mplete the details of applicable)	Team Offici	Association wi (√ please tick) □ Pareı □ Offici □ Publi □ Othe	ith TQ: nt al
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Team Of Athlete Other Pe Details Given Name Further details if Address Suburb Phone 5. Event Informat Activity	ficial erson "other p	f more than one (√please tick mo Travel to/from activity Camp Clinic Tour/Trip	Post Code Person was injure/ill concept than one category if an expervised Recreation – supervised Recreation – unsupervised Unauthorised Activity Assisting Ath	mplete the details of pplicable) Swim/B	Team Offici	Association wi (√ please tick) □ Pare □ Offici □ Publi □ Other orm	Other [Give Details]
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Team Of Athlete Other Pe Details Given Name Further details if Address Suburb Phone 5. Event Informat Activity	ficial erson "other p	f more than one (√please tick more) Travel to/from activity Camp Clinic Tour/Trip Caught In /	Post Code Person was injure/ill concept than one category if an expervised Recreation – supervised Recreation – unsupervised Unauthorised Activity Assisting Ath	mplete the details of spelicable) Swim/B R d d lete	Team Offici	Association wi (√ please tick) □ Pare □ Offici □ Publi □ Other orm □ Wa	Other [Give Details]
Team Of Athlete Other Pe Details Given Name Further details if Address Suburb Phone 5. Event Informat Activity	ficial erson	f more than one (√please tick mo Travel to/from activity Camp Clinic Tour/Trip Caught In / Between	Post Code Person was injure/ill control of the person Falling Supervised Recreation — unsupervised Unauthorised Activity Assisting Atherican Object Falling/Flying Person Falling	mplete the details of spelicable) Swim/B R d d lete	Team Offici	Association wi (√ please tick) □ Pare □ Offici □ Publi □ Other orm t □ Wa □ Stru	Other [Give Details]

Moderate

(needs medical care)

Fatal

Serious

(permanent injury/damage)

Treatment Required	(none / no	l t applicable)	□ First Aid □ (on site b /ambulan		ial		octor / Out Patien nedical treatment)		Hospitalisati on rnight stay or
If first aid – what first aid was provided?								long	ei <i>)</i>
Who provided first aid (name)									
, ,									
If Hospitalised –	what is the	name of the I	hospital?						
Possible numbe	r of days (e	stimate)				Actua	I number of days	S	
Possible Work Cover Claim? Is a claim for compensation likely?			Yes/No		Possible Legal Action – Is legal action against the T			Yes/No	
(team officials on	ly)	.,.				likely/	pending?		100/110
6. Injury Illness I		ıry/Illness	(√please tic	k more tha	n one ca	ategory if	applicable) Location o	n Rody	
☐ Ache/Pain		aceration	□ Poisoning	a	□ He	ad	□ Chest	on воау □ Le	ea(s)
□ Amputation	□ Disloc		□ Respirate	ory	□ Fac		□ Shoulder		nee(s)
☐ Bite/Sting	□ Fractu		□ Sprain/St		□ Eye		□ Arm(s)		nkle(s)
□ Bruise/Crush□ Bump/Knock	□ Heada □ Hearii		□ Stress Re		□ No.		 □ Elbow(s) □ Wrist(s) 		oot/Feet
□ Burn/Scald		ion/Disease	□ Unspecifi		1	oth/Teeth	` '		
□ Concussion		on/Allergy	☐ Other:		□ Ea		☐ Finger(s)		espiratory System
□ Cumulative	□ Nause	∍a			□ Ne		□ Stomach		ternal
						ck Upper ck Lower			ress Related ther:
					a ba	on Lower	3 6/6///	3 0	
7. Emergency Co		s							
Has the injured pemergency cont			□ Ye	••				□ No	
notified?	act been	(please	Ye complete cor		s)	(pleas	se complete – "re		ontacted" below)
Emergency Con	tact	First Name	r complete col	naor aoran	3)	Surnam			sinacioa soloni,
Phone No									
Phone No						Date		т	ime
Reason not notif	fied					Comme			
8. Additional Info									
Was the injury/il caused by a con		☐ Yes	c				No		
or aggressive ac									
		l let				_	NO		
		□ Par	rent		Visitor		Athlete oTQ T	eam Memb	er
Aggressor		□ Par	rent ember of	□ \	Volun				er
Aggressor		□ Par □ Mei Pub	rent ember of blic	□ \ t	Volun teer		Athlete oTQ T		er
Aggressor Type of Confron	et?	□ Par □ Mei Pub	rent ember of	□ \ t	Volun		Athlete oTQ T		er
	et?	□ Par □ Mer Put □ Tea	rent ember of blic	- \ - t	Volun teer		Athlete oTQ T	r	er
Type of Confron	tation	□ Par □ Mer Put □ Tea	rent ember of blic am official	- \	Volun teer Other		Athlete ○TQ T ○Other	r	er
	tation	□ Par □ Mer Put □ Tea □ Phy se complete	rent ember of blic am official ysical	- \	Volun teer Other		Athlete ○TQ T ○Other	r	er
9. Hazard Inform Contributing Haz o Animal / Insect	tation nation – plea zard (tick/cir	□ Par □ Mer Put □ Tea □ Phy se complete cole the relevation o Equi	rent ember of blic am official ysical ant hazard) ipment (eg. pla	- \t	Volun teer Other Verba	n Powere	Athlete oTQT oOther Both Physical an	d Verbal	on / Arc Flash
9. Hazard Inform Contributing Haz o Animal / Insect o Blood / Body St	tation nation – plea zard (tick/cir	□ Par □ Mer Put □ Tea □ Phy se complete cle the relevation o Fire is	rent ember of blic am official ysical ant hazard) ipment (eg. pla / Explosion	- \t	Volun eer Other Verba o Nor o Per	n Powere	Athlete oTQT oOther Both Physical an	d Verbal o Radiatio	on / Arc Flash Disease
9. Hazard Inform Contributing Haz o Animal / Insect o Blood / Body St o Building Fixture	tation nation – plea zard (tick/cir	Par Pub Pub Pub Pub Pub Phy Se complete Cele the relevation o Fire in o Floor	rent ember of blic am official ysical ant hazard) ipment (eg. pla / Explosion or / Ground	u t	Volun teer Other Verba o Nor o Per o Sta	n Powererson/Peopirs/Steps	Athlete oTQT oOther Both Physical and ad Tool pole	d Verbal o Radiation o Virus / Io	on / Arc Flash Disease Pool /Open Water
9. Hazard Inform Contributing Haz o Animal / Insect o Blood / Body St o Building Fixture o Built Environme	tation nation – plea zard (tick/cir ubstance	Par Pub Pub Pub Pub Pub Phy Se complete Cele the relevation o Fire in o Floor	rent ember of blic am official ysical ant hazard) ipment (eg. pla / Explosion or / Ground eign Object (eg	u t	Volun teer Other Verba O Nor O Per O Sta O Streen	n Powererson/Peopirs/Steps	Athlete oTQT oOther Both Physical and ad Tool pole	d Verbal o Radiation o Virus / Io	on / Arc Flash Disease
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		□ Other:
If there are other significant	witnesses please complete the	eir details on another form and attach to this one.
Signature of person completing	g form	Date /
Name	Position	
Send the original form to the person(s) for their records.	e Triathlon Queensland CEO, ke	eep a copy for your records, and provide a copy to the injure