Injury/Illness/Dangerous Event Report

Injury/Illness/Dangerous Event Details Summary

Details of Event	**Date**	**Time**
Was any person injured or ill as a result of this event?	**Yes**	
Who was injured?		

1. Details of person first informed of the event
(√ please tick)

- ❑ Team Official
- ❑ Athlete
- ❑ Other Person

Details

Given Name	Surname

Further details if "other person"

Address	Association with TQ: (√ please tick) ❑ Parent ❑ Official ❑ Public ❑ Other: ___________
Suburb Post Code	
Phone	

2. Location – where the event occurred

Location

3. What happened?

Detailed description of event - what happened and why?	

4. Who was injured/ill? **Injured Person Details** (*√please tick*)

- ❑ Team Official
- ❑ Athlete
- ❑ Other Person

Details

Given Name	Surname	Team Official/Athlete/Other Person

Further details if "other person"

Address	Association with TQ: (√ please tick) ❑ Parent ❑ Official ❑ Public ❑ Other: ___________
Suburb Post Code	
Phone	

If more than one person was injure/ill complete the details on another form

5. Event Information (*√please tick more than one category if applicable)*

Activity	❑ Travel to/from activity ❑ Camp ❑ Clinic ❑ Tour/Trip	❑ Recreation – supervised ❑ Recreation – unsupervised ❑ Unauthorised Activity ❑ Assisting Athlete	❑ Training Session Swim/Bike/Run ❑ Race	❑ Other [Give Details]
Cause	❑ Caught In / Between ❑ Contact with ………… ❑ Exposure to …………	❑ Object Falling/Flying ❑ Person Falling ❑ Lifting/Handling	❑ Repetitive Movement ❑ Running / Jumping ❑ Stepping On / In	❑ Walking ❑ Struck By / Against ❑ Other: ___________
Severity	❑ **Minor** (first aid)	❑ **Moderate** (needs medical care)	❑ **Serious** (permanent injury/damage)	❑ **Fatal**

Treatment Required	❑ **Nil** (none / not applicable)	❑ **First Aid** ❑ (on site by Team official /ambulance officer)	❑ **Doctor / Out Patients** (medical treatment)	❑ **Hospitalisation** (overnight stay or longer)
If first aid – what first aid was provided?				
Who provided first aid (name)				

If Hospitalised – what is the name of the hospital?			
Possible number of days (estimate)		**Actual number of days**	
Possible Work Cover Claim? ***Is a claim for compensation likely? (team officials only)***	**Yes/No**	**Possible Legal Action –** ***Is legal action against the TQ likely/pending?***	**Yes/No**

6. Injury Illness Details *(√ please tick more than one category if applicable)*

Injury/Illness			**Location on Body**		
❑ *Ache/Pain*	❑ *Cut/Laceration*	❑ *Poisoning*	❑ *Head*	❑ *Chest*	❑ *Leg(s)*
❑ *Amputation*	❑ *Dislocation*	❑ *Respiratory*	❑ *Face*	❑ *Shoulder(s)*	❑ *Knee(s)*
❑ *Bite/Sting*	❑ *Fracture*	❑ *Sprain/Strain*	❑ *Eye(s)*	❑ *Arm(s)*	❑ *Ankle(s)*
❑ *Bruise/Crush*	❑ *Headache*	❑ *Stress Reaction*	❑ *Nose*	❑ *Elbow(s)*	❑ *Foot/Feet*
❑ *Bump/Knock*	❑ *Hearing Loss*	❑ *Unconscious*	❑ *Mouth*	❑ *Wrist(s)*	❑ *Toe(s)*
❑ *Burn/Scald*	❑ *Infection/Disease*	❑ *Unspecified*	❑ *Tooth/Teeth*	❑ *Hand(s)*	❑ *Skin*
❑ *Concussion*	❑ *Irritation/Allergy*	❑ *Other:______*	❑ *Ear(s)*	❑ *Finger(s)*	❑ *Respiratory System*
❑ *Cumulative*	❑ *Nausea*		❑ *Neck*	❑ *Stomach*	❑ *Internal*
			❑ *Back Upper*	❑ *Hip(s)*	❑ *Stress Related*
			❑ *Back Lower*	❑ *Groin*	❑ *Other: _________*

7. Emergency Contact Details

Has the injured person's emergency contact been notified?	❑ **Yes** (please complete contact details)	❑ **No** (please complete – "reason not contacted" below)
Emergency Contact	**First Name**	**Surname**
Phone No		**Date ……../……../……..** **Time**
Reason not notified		**Comment**

8. Additional Information

Was the injury/illness caused by a confrontation or aggressive act?	❑ **Yes**	❑ **No**
Aggressor	❑ Parent ❑ Visitor ❑ Member of Public ❑ Volunteer ❑ Team official ❑ Other	❑ Athlete ○ TQ Team Member ○ Other
Type of Confrontation	❑ Physical ❑ Verbal	❑ Both Physical **and** Verbal

9. Hazard Information – please complete

Contributing Hazard (tick/circle the relevant hazard)			
o *Animal / Insect*	o *Equipment (eg. playground)*	o *Non Powered Tool*	o *Radiation / Arc Flash*
o *Blood / Body Substance*	o *Fire / Explosion*	o *Person/People*	o *Virus / Disease*
o *Building Fixtures*	o *Floor / Ground*	o *Stairs/Steps*	o *Water / Pool /Open Water*
o *Built Environment*	o *Foreign Object (eg.splinter)*	o *Stress / Trauma*	o *Other [please state]*
o *Electricity / Gas*	o *Furniture*	o *Sunburn / UV Radiation*	
o *Electrical Appliance*	o *Machinery (Fixed)*	o *Temperature*	
o *Environmental Factors*	o *Machinery (Mobile)*	o *Travel*	

10. Details of Witnesses (if any)
(√ please tick)

❑ Team Official
❑ Athlete
❑ Other Person

Details

Given Name	Surname	Team Official/Athlete/Other Person

Further details if "other person"

Address	Association with TQ: (√ please tick)
Suburb Post Code	❑ Parent ❑ Official
Phone	❑ Public

	❑	Other: ____________

If there are other significant witnesses please complete their details on another form and attach to this one.

Signature of person completing form ______________________________ Date ____ /____/____

Name ____________________________ *Position* _____________________________________

Send the original form to the Triathlon Queensland CEO, keep a copy for your records, and provide a copy to the injured person(s) for their records.