



PADUA COLLEGE ACCIDENT REPORT

Name of Person
completing this Report:

Date of Accident:

____ / ____ / ____

Surname of Student:

Christian Name:

Student's Year Level:

Age of Student:

Location of Accident:

Date & Time of Accident:

____ / ____ / ____ _____ am/pm

Activity at time of injury:

Type of injury:

Description of Accident:

Treatment provided:

PLEASE TURN OVER

Witness 1 (Name & PC Class): _____

Witness 2 (Name & PC Class): _____

Witness 3 (Name & PC Class): _____

Name of Admin Officer
advised of Accident: _____

Informed by: _____

Informed on (Date & Time): _____ / _____ / _____ _____ am/pm

Next of Kin informed: _____

Next of Kin informed by: _____

Details of information given
to Next of Kin: _____

WHSO Comments: _____

WHSO Reviewed: _____

Date & time of Accident Report
uploaded onto SharePoint: _____ / _____ / _____ _____ am/pm

Accident Report uploaded
onto SharePoint by: _____