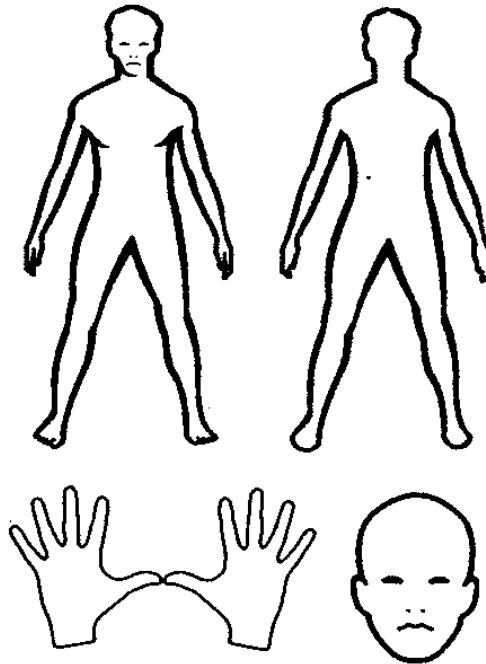




| TREATMENT AND INVESTIGATION OF ACCIDENT |                                 |                                   |      |
|---|---------------------------------|-----------------------------------|------|
| Type of treatment given                 | Name of person giving first aid | First Aid/Doctor/Hospital         |      |
| OSH advised YES / NO                    | Date                            | Deputy Principal advised YES / NO | Date |

## INJURY DETAILS – BODY PART

Shade the part of the body that is injured



| ACCIDENT INVESTIGATION  |  |  |                          |
|---|--|--|--------------------------|
| Investigation to be completed by the Property Manager and HOD | Hazard(s) Identified                   |  |                          |
|   | What controls are in place             |  |                          |
|   | Additional hazard controls required    |  |                          |
|   | Was the Hazard significant<br>Yes / No | Hazard Register Update required Yes / No |                          |
| Action required for new controls                              | Person responsible                     | Date to be completed by                  | Signature when completed |
| This section completed by :                                   | Name :                                 | Position :                               |                          |
|   | Extension :                            | Date :                                   | Signature :              |

On completion of this form please email to [Sports@rangitoto.school.nz](mailto:Sports@rangitoto.school.nz) by **8am the following working day**