NYANGATJATJARA ABORIGINAL CORPORATION
(trading as Nyangatjatjara College)
ABN: 15 993 442 008 **ICN: 1838**
PO Box 171, Yulara,NT 0872
Ph: 08 8956 2257

Incident Report

REPORTED BY:	**DATE OF REPORT:**
DATE OF INCIDENT:	**TIME OF INCIDENT:**

INCIDENT INFORMATION

INCIDENT TYPE (select as appropriate)

Classify the incident or near miss event according to the outcome of the incident and the treatment provided:

☐Class 1 – Fatality or life-threatening injury or illness
☐Class 2 – Hospital admission
☐Class 3 – Injury or illness requiring medical treatment or assessment by a medical practitioner only
☐Class 4 – Injury or Illness requiring no more than first aid
☐Class 5 – near miss or incident with no injury or illness
☐Dangerous incident

LOCATION:

Classroom Other classroom GLA Art room Kitchen Toilets Dining room Library
Admin Other_____

PEOPLE INVOLVED IN INCIDENT:	**CONTACT DETAILS**
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

DESCRIPTION OF INCIDENT: (include what happened and any actions taken and causes)

DESCRIPTION/INDICATORS OF INJURY/HARM (Physical, emotional, psychological, social):

AUTHORITIES CONTACTED:

☐ EMERGENCY SERVICES ☐ SCHOOL BOARD COMMITTEE ☐ OTHER _____
VIA: ☐ PHONE ☐ EMAIL ☐ OTHER_____-

FOLLOW-UP/MANAGEMENT REVIEW:

Has the person/people involved in the incident been advised of actions taken to address the issue and to prevent recurrence? ☐ YES ☐ NO

DATE: BY WHOM:

PRINCIPAL'S SIGNATURE: **DATE:**