Injury Report Form

Transport HeritageNSW

Station or site:	**Injury was Reported to:**

Exact location:

- ❑ On Platform / at Station.
- ❑ On Stairs / Ramp
- ❑ In Museum
- ❑ Between Platform & Train
- ❑ On Exhibit or Object
- ❑ On Track or Roundhouse
- ❑ From Car Park
- ❑ Other (specify)_____

Date of Injury:	**Time of Injury:**	**Run No:** ***(where applicable)***
Witness names / contact details:		

Injury Type:

- ❑ Slip / Trip / Fall
- ❑ Person hit by train
- ❑ Stuck / Caught / Trapped
- ❑ Other (specify)_____

Contributing Factors:

- ❑ Weather Conditions Specify _____
- ❑ Passenger Overcrowding Specify _____
- ❑ Faulty Equipment / Fixtures Specify _____
- ❑ Other Surface Conditions Specify _____
- ❑ Missed Step/Lost Footing _____
- ❑ Slip on Object Specify _____
- ❑ Falling Object Specify _____
- ❑ Sharp Object Specify _____
- ❑ Incorrect right of way procedure_____
- ❑ Other (specify)_____

Contributory factors:

- ❑ Pre existing medical condition
- ❑ Mobility Impaired_____
- ❑ Appear to be under the influence of alcohol or drugs
- ❑ Trespass
- ❑ Boarding / alighting late
- ❑ Interfering with doors (or attempted to)
- ❑ Involved in an activity that contributed [i.e. photography]
- ❑ Do you think footwear or clothing was a contributing factor? specify_____
- ❑ Other [give details] specify_____

Describe how injury occurred: [Consider any trip hazards, slippery surface, etc]

PERSONAL INFORMATION	Name:
Date Of Birth:	Phone No:
Address:	
Describe the nature of any injuries sustained:	
Describe any medical assistance received: [i.e. first aid, ambulance, etc]	

Form completed by:	Date:
Injury details forwarded to Rail Safety & Operations Manager by:	Date:
Completed Form checked / reviewed by Manager. Name:	Date: