

Contractor Incident Notification Form

This form is used by contractors and drivers to notify the Assisted School Travel Program (ASTP) of incidents that have occurred during service.

IMPORTANT: In the event of an emergency, all people in the vehicle must follow the steps outlined in the ASTP Emergency Actions Card located in the vehicle and call 000 for life threatening or emergency situations. This also includes notifying ASTP on 1300 338 278.

NOTIFIABLE INCIDENT: If the incident is serious in nature, including involving a fatality, serious injury or illness please call the Department of Education Health and Safety Directorate on 1800 811 523 immediately.

In the event of an incident the Contractor must notify the ASTP immediately by telephone, then forward this form within 24 hours by email to contractors.astp@det.nsw.edu.au. Please include in the subject line **Contractor Incident - Run Number ###**.

Contractor details

Contractor name: _____

Run number: _____ Vehicle registration: _____

Incident details

Location: _____ Date: _____ Time: _____

Incident type (category)

- | | |
|---|---|
| ☐ Injury/medical emergency | ☐ Unsafe student behaviour |
| ☐ Accident | ☐ Home Alone |
| ☐ Accident – minor | ☐ Industrial action |
| ☐ Failure to perform services | ☐ Child protection |
| ☐ Assault and dangerous behaviour – injury | ☐ Mechanical failure |
| ☐ Assault and dangerous behaviour- no injury | ☐ Restraints |
| ☐ Other: _____ | |

Was first aid provided? ☐ No ☐ Yes

If yes, please provide details of the treatment/injury including the person providing first aid:

Were the following contacted?

Parents: ☐ No ☐ Yes

ASTP: ☐ No ☐ Yes

School: ☐ No ☐ Yes

Emergency Services: ☐ No ☐ Yes

Did emergency services attend the scene? ☐ No ☐ Yes *(add relevant id numbers below)*

Fire brigade: _____ Police: _____ Ambulance: _____

Person/s involved in the incident

Driver name: _____ Injury type: _____

ATSO name: _____ Injury type: _____

ATSO name: _____ Injury type: _____

Student name: _____ Injury type: _____

Student name: _____ Injury type: _____

Student name: _____ Injury type: _____

Other name: _____ Injury type: _____

Description and action taken (if applicable)

Details of person completing this form

First name: _____ Last name: _____

Phone number: _____ Date: _____