Incident Report

Details of Person involved in Incident

Surname: First Names:

Address: Postcode:

Phone (H): Phone (W): Mobile:

Email: Date of Birth:

☐ Employee ☐ Contractor ☐ Visitor ☐ Other:____________________

Details of Incident

The incident was: ☐ Personal injury ☐ Property damage ☐ Environmental damage ☐ Near miss

Date of Incident: / / Time of incident: am / pm

Exact location of incident:

Describe the task/processes being undertaken at the time of the incident and explain what happened and how the incident occurred:

Likely cause of incident

(Tick as many as appropriate)

☐ Fall from height	☐ Slip/trip/fall	☐ Striking against object	☐ Struck by object	☐ Repetitive movement
☐ Physical assault	☐ Exposure – hot/cold	☐ Sharps injury	☐ Chemical Exposure	☐ Contact – electricity
☐ Verbal abuse	☐ Exposure – biological	☐ Manual Handling	☐ Other ____________________	

Detail of Injury

Did an Injury occur? Yes / No Bodily location/s:

Nature of Injury

☐ Fracture	☐ Laceration	☐ Sprain/Strain	☐ Needle Stick
☐ Foreign body	☐ Bruising	☐ Chemical Exposure	☐ Stress/Anxiety
☐ Dermatitis	☐ Body Fluid Exposure	☐ Burn/Scald	☐ Puncture
☐ Electric Shock	☐ Pain/Discomfort only	☐ Other ____________________	

Treatment required at the time of the Incident

☐ Report only ☐ First aid ☐ Doctor ☐ Hospital ☐ Other (Specify) ____________________

Have you taken time off work as a result of this incident?

☐ No ☐ Yes (Specify time period) ____________________

Witnesses

Name Contact number/s

Name Contact number/s

Signature

Signature Name Date

The Supervisor must complete the next part of this form

What factors contributed to this incident? (Tick all those appropriate)

☐ Construction problem ☐ Maintenance problem ☐ Poor policies ☐ Procedures
☐ Plant/equipment failure ☐ Organisation of work ☐ Poor lighting ☐ Limited visibility
☐ Slippery surfaces ☐ Noise levels ☐ Ventilation/Temperature ☐ Clearances
☐ Signage ☐ Lack of training ☐ Negligence ☐ Human Behaviour
☐ Other ____

Action suggested to or planned to prevent re-occurrence

To prevent this from happening again, something MUST change. What do you recommend should occur? Action should be based on the main contributing factors and any related underlying causes.

☐ Remove Hazard ☐ Clean Up / housekeeping ☐ Improve layout of workplace
☐ Repair equipment / signs ☐ Upgrade equipment / signs ☐ Improve inspection procedures
☐ Personal Protective Equipment ☐ Staff Training ☐ Staff Counselling

Other follow up action recommended:

Follow up of staff member involved:

☐ Report only ☐ First Aid administered ☐ Medical treatment obtained
☐ Inpatient admission ☐ Time lost ☐ Needle stick follow up
☐ Debriefing ☐ Counselling ☐ Training arranged
☐ Other: ____

Any additional comments:

The Manager will complete the next part of the form

Date received: / /

Work Cover notified: Yes / No / Not applicable Insurers notified: Yes / No / Not applicable

Date	Issues to consider; Action Required	Completed

FILE COMPLETED

MANAGER Name: Signature: Date: