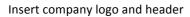


## **Incident Report and Investigation Form**

To be completed for all incidents: injuries and near misses

Injured person or <first aid/school nurse> to complete and return on day of the incident to <insert position>

1. Details of injured person or person reporting incident						
☐ Employee ☐ Contractor	☐ Visitor ☐ Agency Casual					
Family Name / Surname:	Phone: (h) (w)					
First Name:	Gender: F M					
Address:	Date of Birth:					
	1 <sup>st</sup> Language:					
Position:	Faculty:					
Experience in job:  0 - 3 months 3 - 5 years 4 - 12 months 1 - 2 years	Classification:  Permanent Full time Casual Part-time Contract					
2. Details of incident						
What was the incident?						
☐ Injury ☐ Near Miss (if near miss complete this section then go to section 7)						
Date & time of incident:// : am/pm	Date & time reported://: am/pm					
Location of incident (eg. <insert appropriate<="" school="" td=""><td></td></insert>						
example>):	a diagram if appropriate the a congrete sheet if passessant					
Describe how and what happened (please give all details & include a diagram, if appropriate. Use a separate sheet if necessary:						
3. Details of injury (the assistance of a supervisor may be Type of injury / illness (e.g. burn, sprain, cut etc.):	needed to complete this section)					
How (e.g. slip, trip or fall, muscular stress):  Location on body (e.g. back, right thumb, left arm etc):						
Location on body (e.g. back, right thumb, left ann etc).						
4. Treatment administered						
First aid administered:	☐ Yes ☐ No					
Treatment:						
Referred to:						
First aid attendant (Print name):	(Signature):					
5. Did the injured person stop work:						
☐ No ☐ Yes If yes, state date & time:	Date returned to work:					
Medical Treatment: Outco	me:					
	eturned to normal duties					
	eturned to alternative duties					
☐ No medical treatment ☐ L	LOST time (away for one or more complete shifts after day of injury)					
Name of treating doctor or hospital:						
Address:	Phone No.					





This page to be completed by the <Faculty Head/Manager> and injured person and faxed to <insert location> Office -

6. Details of Witnesses:				
Name:	P	hone (I	h)	(w)
Address:				
Name:	P	hone (I	h)	(w)
Address:				
7. Incident investigation				
(Comments to include identified causal	l factors)			Some factors to consider:  Is there a Safe Work Method Statement (SWMS)?  Was the SWMS followed?  Is person trained in task/SWM?
				Did housekeeping contribute?
				Was correct equipment used?
				Was equipment maintained?
Any further comments regarding	ng the incident?			
N 0.6: 1 16				
Name & Signature of Superviso	or:		Date:	
8. Remedial actions to pre	event recurrence:			
(List what is to be done & who is respo				Some actions to consider:  Conduct task analysis  Develop/review task SWMS
				Improve work environment
				Replace equipment / tools
				Provide training
				Re-instruct persons involved
				Investigate safer alternatives –
				Add to inspection program
9. Remedial actions comp Signed (Supervisor):	leted or referred to appropi Title:	riate pe	erson: Date:	
10. Review comments	d at mosting):			
H&S Committee (may be discussed	a at meeting).			
Reviewed by <insert title="">: Comments:</insert>	☐ Noted, no further action req.	<b></b> A	ction followed up	☐ Risk register updated
Signed:			Date:	
JIBITEU.			Date.	