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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:
	1st Language:
Position:	Faculty:
Experience in job: ❑ 0 - 3 months ❑ 3 - 5 years ❑ 4 - 12 months ❑ 5 years plus ❑ 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 school appropriate example>):

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 needed to complete this section)*

Type of injury / illness (e.g. burn, sprain, cut etc.):

How (e.g. slip, trip or fall, muscular stress):

Location on body (e.g. back, right thumb, left arm 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:

❑ Treated by Doctor
❑ Hospitalised
❑ No medical treatment

Outcome:

❑ Returned to normal duties
❑ Returned to alternative duties
❑ Lost time (away for one or more complete shifts after day of injury)

Name of treating doctor or hospital:

Address: Phone No.

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

6. Details of Witnesses:

Name: Phone (h) (w)

Address:

Name: Phone (h) (w)

Address:

7. Incident investigation

(Comments to include identified causal 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 the incident?

Name & Signature of Supervisor: Date:

8. Remedial actions to prevent recurrence:

(List what is to be done & who is responsible for completing)

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 completed or referred to appropriate person:

Signed (Supervisor): Title: Date:

10. Review comments

H&S Committee (may be discussed at meeting):

Reviewed by <insert title>: ❑ Noted, no further action req. ❑ Action followed up ❑ Risk register updated

Comments:

Signed: Date: