



# Incident / injury report form

Please print clearly and tick the correct box

<b>Status:</b>	Employee	Contractor	Other
<b>Outcome:</b>	Near miss	Injury	

## 1. DETAILS OF INJURED PERSON

Name:	Phone: (H)_____ (W)_____
Address:	Sex: M F
	Date of birth:
	Position:
Experience in the job:	(years/months)
Start time:	am pm
Work arrangement:	Casual Full-time Part-time Other

## 2. DETAILS OF INCIDENT

Date:	Time:
Location:	
Describe what happened and how:	

## 3. DETAILS OF WITNESSES

Name:	Phone: (H) (W)
Address:	

## 4. DETAILS OF INJURY

Nature of injury (eg burn, cut, sprain)
Cause of injury (eg fall, grabbed by person)
Location on body (eg back, left forearm)
Agency (eg lounge chair, another person, hot water)



<b>5. TREATMENT ADMINISTERED</b>		
First Aid given	Yes	No
First Aider name:		
Treatment:		
Referred to:		

**SECTION 6-9 MUST BE COMPLETED BY EMPLOYER**

<b>6. DID THE INJURED PERSON STOP WORK ?</b>		
Yes	No If yes, state date:	Time:
Outcome:		
Treated by doctor	Hospitalised	Workers compensation claim
Returned to normal work	Alternative duties	Rehabilitation

<b>7. INCIDENT INVESTIGATION (comments to include causal factors):</b>

<b>8. RISK ASSESSMENT</b>
Likelihood of recurrence:
Severity of outcome:
Level of risk:

<b>9. ACTIONS TO PREVENT RECURRENCE</b>			
Action	By whom	By when	Date completed

<b>10. ACTIONS COMPLETED</b>	
Signed (Manager):	Title: _____



	Date:
Feedback to person involved	Date:
<b>11. REVIEW COMMENTS</b>	
OHS committee / staff meeting:	
Reviewed by site Manager (signed):	Date:
Reviewed by Health & Safety Rep.(signed):	Date: