

INCIDENT REPORT FORM - sample for training purposes
Section 1: Employer Details

Legal name:			
Trading name:			
Type of workplace:			
Street address:			
Suburb/Town:		Postcode:	
Phone:		Fax:	
Email:			

Section 2: Details of Injured Person

Surname:		Sex: Male <input type="checkbox"/>
		Female <input type="checkbox"/>
Given names:		
Occupation:		
Date of birth: / /	Age:	Days unable to work:

Body Location

Skull	A
Chest	B
Arm	C
Leg	D
Digit (finger/toe)	E
Pelvis	F
Spine	G
Eye	H
Ankle/Foot	I

Section 3: Details of Injury

Date of injury:	/ /	Time of injury:	:	<input type="checkbox"/> am <input type="checkbox"/> pm
WorkCover number:				
Nature of injury:				
Injury code				
Brief description of how injury occurred:				
Address of the workplace where the injury occurred:	Street address:			
	Suburb/Town:			
	Postcode:			
Area of workplace the injury occurred:				
Person removed to:				
Person reporting injury:	First name:		Surname:	
	Position:		Phone:	
Person for liaison:	First name:		Surname:	
	Position:		Phone:	

Injury Type

Amputation	1
Fracture	2
Laceration	3
Loss of sight	4
Other 10 days +	5
Fatality	6

Examples:

1. Head fracture would be an A2
2. Arm amputation would be a C1
3. Toe amputation would be an E1