

# City of Wagga Wagga

## Near Miss / Incident Notification Form

### Office Use Only

Incident Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

### Important

This notification **must** be completed and submitted via email to [safety@wagga.nsw.gov.au](mailto:safety@wagga.nsw.gov.au) or via fax to 02 6926 9289 **within one (1) working day** of the incident occurring.

(please ✓ appropriate box)

Notification of Incident Only  Employee

Notification of Incident and Injury  Contractor

Notification of Near-Miss Incident

Date: \_\_\_\_\_ Division: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Please describe HOW the incident/injury occurred and what TYPE of work was being carried out at the time the incident or near-miss occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If an injury occurred, what part of the body was injured? (eg. Cut to left forearm; break to right leg etc)

\_\_\_\_\_  
\_\_\_\_\_

Location of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_ am/pm Date of incident: \_\_\_\_\_

Time reported: \_\_\_\_\_ am/pm Date reported: \_\_\_\_\_

First aid given:  Yes  No

By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Injured person sent to:  Own Doctor  Hospital  Other (specify): \_\_\_\_\_

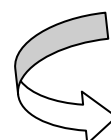
Signature of worker: \_\_\_\_\_

Witness name: \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please now submit this page as per instructions above**

**Supervisor MUST complete investigation and report over page**



# City of Wagga Wagga

## Investigation Report – To be completed by Supervisor

Before completing this section, please verify that the information on the previous page is accurate and correct. If required, make necessary changes to the details in consultation with the worker involved and any witnesses.

Please answer **ALL** questions in the space provided

Was a drug and alcohol test conducted?  Yes  No

If no, why not?

---

---

---

Explain the condition of plant, equipment, clothing or work area which at the time contributed to the incident:

---

---

---

What immediate action has been taken to remedy the causes of the incident?

---

---

---

What further steps related to this incident are recommended for consideration?

---

---

---

Corrective Action Taken:

---

---

---

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Please now submit this page as per instructions on previous page**

### Office Use Only

Further investigation required?  Yes  No

Authorised by: \_\_\_\_\_ Date: \_\_\_\_\_

Reported to StateCover: \_\_\_\_\_ Date: \_\_\_\_\_

Reported to E-Team: \_\_\_\_\_ Date: \_\_\_\_\_