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| **INCIDENT, INJURY & HAZARD REPORT FORM** |

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| **Type of Incident:** |
| [ ]  | Hazard | [ ]  | Injury | [ ]  | Near-Miss | [ ]  | Work-related illness |

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| **Injured or Involved Persons Details (To be completed by the injured or involved person if possible)** |
| Name:  |       |  Date of Birth: |       |
| Address: |       |  Female [ ]  |  Male [ ]  |
| Phone (W): |       | Phone (H):  |        |
| Position: |       | Full Time  |  Part Time Casual  |

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| **Accident Details** |
| Accident Date: |  / / | Time: |  : am/pm |
| Accident Location: |  | Reported To: |  |
| Activity when accident occurred: |
| [ ]  on duty |  [ ]  travel to/ from work | [ ]  meal/ break |  [ ]  other |
| Description of the Accident: *(detail the sequence of events, and the activities being carried out when the accident occurred)*  |
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| **Injury Details**  |
| Nature of Injury: *(eg nil, fracture, sprain, etc)*      | Treatment:[ ]  Nil [ ]  Ambulance [ ]  Doctor[ ]  First Aid [ ]  Hospitalisation  |
| Location of Injury: *(eg. Right arm, lower back etc)*      | Cause of Injury/Illness/ Hazard:[ ]  Car Accident [ ]  Psychological [ ]  Electrical [ ]  Heat radiation [ ]  Sound & Pressure [ ]  Struck by Object[ ]  Bodily Stress [ ]  Biological [ ]  Fall, Slip, Trip[ ]  Other [Please specify]:       |
| ***Signature of injured person*** | ***Name***      | ***Date***      |

*NOTE:*: If attended by a First Aider, the First Aid Record must be completed and attached to this form.

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| **Action Taken By Department to Prevent Similar Occurrence/ Accident** |
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| Name: Department: |
| Signature: Date: |