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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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)* | | | |
|  | | | |
|  | | | |

|  |  |  |
| --- | --- | --- |
| **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.

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