



<b>ID NUMBER:</b>

# INCIDENT REPORT

(for reporting incidents and accidents)

Person reporting incident		
Name	Phone	
Date of incident	Time	Location
Describe the events preceding the incident		
Describe the incident	Include details of names, what occurred, the duration and any other information you think is relevant.	
Witnesses		
Name	Phone	

**Describe what action was taken following the incident**

**Suggestions for prevention**

Describe any ideas or suggestions you might have in order to prevent a similar incident from occurring again

**IN THE EVENT OF INJURY**

**Name of injured person**

Name	Phone
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**Describe injury**

Include position and appearance of injured person

**Type of injury**

Bruising       Strain       Cut       Stress      Other: .....

**Medical assistance**

None       First Aid       PRN       GP       Ambulance       Emergency

In accordance with the Workers Rehabilitation and Compensation Act 1988, employees have the right to make a claim for compensation for the injury. In this event, a Workers' Claim for Compensation should be completed as soon as possible.

**Employee Declaration**

I declare that to the best of my knowledge, this is a true and accurate record of events.

Name	Signature	Date

**TO BE COMPLETED BY SUPERVISOR**

**Date/Time Incident Form Received**

**Further action taken**

List all action taken by you including planned action

**INVESTIGATION**

**What factors contributed to the incident?**

**What action will be taken to prevent reoccurrence?**

**Details of Workers Compensation Claim (if appropriate)**

Risk Assessment Report required?

**Investigator's signature**

Name	Signature	Date

**Sighted by**

	Signature	Date
General Manager		
OH&S rep (if applicable)		

**OFFICE USE ONLY**

**Type of incident**

Behavioural (expected)     
  Skin/Tissue damage     
  Infection control  
 Medical (ie seizure/illness)     
  Trip/Fall     
  Medication  
 Safety/Security/(unexpected) Behaviour     
  Restraint/supportive device  
 Environment (inc vehicles/machinery)     
 Other: .....

**Reporting**      **Severity Code**

Reported to:	Board	<input type="checkbox"/>	1	<input type="checkbox"/>	Extreme
	Workers compensation	<input type="checkbox"/>	2	<input type="checkbox"/>	Serious
	Funding Body	<input type="checkbox"/>	3	<input type="checkbox"/>	Medium
	Police	<input type="checkbox"/>	4	<input type="checkbox"/>	Low
	Workplace Standards	<input type="checkbox"/>	5	<input type="checkbox"/>	Negligible