incident report form

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| *To be completed by staff member in the event of a worker witnessing/being involved in any non-conformance, or an incident, or resulting, or potentially resulting, in an injury or an unsafe practice.* |

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| Personal details of person involved in the incident  |
| Surname:  |  First name: | DOB:  |
| Position: |
| Managers Name: |
| Address: |
| Telephone number (landline): |
| Telephone number (mobile): |
| Email address: |

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| Incident details *(completed by person involved)* |
| Date of incident: | Time of incident:  |
| Description of incident: *(in your own words, what happened?)* |
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| Location of incident: |
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| Name of witnesses to the incident |
| Name: |  | Contact: |
| Name: |  | Contact: |
| Name: |  | Contact: |

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| Details of injuries sustained from the incident |
| Injured person’s name: |
| Type of injury: |
| Treatment received: |
| Injured person’s name: |
| Type of injury: |
| Treatment received: |

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| Details of other persons involved |
| Did the incident involve any other person? | ○Yes | ○No |
| *(If yes, provide their name and contact details)* |
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| Details of any damage to property |
| Did any damage to property occur? | ○Yes | ○No |
| *(If yes, provide details of the damage)* |
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| Name of staff member |  | Signature |  | Date |

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| Name of person/place injured |  | Signature |  | Date |

**Office use only:**

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| Other details |
| Were the Police involved? | ○Yes | ○No |
| *(If yes, provide details of the officers attending)* |
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| Was the State Safety Regulator (WorkCover) informed? | ○Yes | ○No |
| Is this a workers compensation related incident? | ○Yes | ○No |

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| What did we do at the time of the incident? |
| **Actions** |  | **Proposed?** |  | **Taken?** |
| Change to induction/toolbox |  |  |  |  |
| Change to ongoing training |  |  |  |  |
| Change to work procedure |  |  |  |  |
| Change to work environment |  |  |  |  |
| Equipment maintenances |  |  |  |  |
| Job re-design |  |  |  |  |
| Site clean up |  |  |  |  |
| Risk assessment review |  |  |  |  |
| Other preventative action |  |  |  |  |

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| Corrective actions |
| **Describe what needs to be done** |  | **Who is responsible?** |  | **Date for completion** |
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| Consultation |
| *Who did we consult with when deciding on the actions for the controls?* |
| **Name** |  | **Position** |  | **Contact details (phone)** |
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| Authorisation of corrective action |
| **Name** |  | **Signature** |  | **Date** |
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**Date for review of corrective actions implemented**

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