[Insert organisation name/logo]

# INCIDENT REPORT

**Print clearly in ink**

|  |  |
| --- | --- |
| **Person** □ Employee □ Board member □Visitor  | **Incident outcome** □ Near miss □ Injury □ MV accident |
| **1. PERSON’S DETAILS** |
| **Name** |  | **Date of birth** |  |
| **Address** |  |
| **Phone** |  | **Mobile:** |  |
| **2. INCIDENT DETAILS** |
| **Date** |  | **Time** |  |
| **Location** |  |
| **Description of the incident** |
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| **3. PERSONAL INJURY DETAILS**  |
| **Nature of injury** (i.e. burn, sprain, cut) |  |
| **Location of injury**(i.e. left thumb, lower back) |  |
| **Cause of injury** (i.e. hit by person, trip on power lead |  |
| **4. [INSERT ORGANISATION NAME] PROPERTY DAMAGE DETAILS**  |
| **Insert description of damage** |
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| **MV damage marked on diagram** |
| diagram car |
| **5. WITNESS DETAILS**  |
| **□ Employee □ Board member □Visitor □ Other**  |
| **Name** |  |
| **Address** |  |
| **Phone** |  | **Mobile:** |  |
| **□ Employee □ Board member □Visitor □ Other**  |
| **Name** |  |
| **Address** |  |
| **Phone** |  | **Mobile:** |  |
| **If MV incident and police are involved collect police officer’s name, station, contact number and incident number** |
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| **6. TREATMENT DETAILS** |
| **First Aid given □ Yes □ No**  |
| **First aider’s Name** |  |
| **Treatment** |  |
| **Referred for further treatment / medical assessment** |
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| **Section 7 – to be completed by supervisor and/or WHS Officer** |
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| **7. INCIDENT RISK ASSESSMENT AND ACTIONS** |
| **Consequence rating:** |  | **Likelihood of reoccurrence:** |  |
| **Response rating** |  |
| **Action** | **Person** | **Completed by** | **Date completed** |
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| **8. ACTIONS COMPLETED** |
| **Name**  |  |
| **Position** |  |
| **Signature**  |  |
| **Date**  |  |