[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** | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **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** | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **MV damage marked on diagram over page** | | | | | | |
| [diagram car](http://img213.imageshack.us/img213/3699/carplan9br.jpg) | | | | | | |
| **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** | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **6. TREATMENT DETAILS** | | | | | | |
| **First Aid given □ Yes □ No** | | | | | | |
| **First aider’s Name** | |  | | | | |
| **Treatment** | |  | | | | |
| **Referred for further treatment / medical assessment** | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 7 – to be completed by supervisor and/or WHS Officer** | | | | | | | |
|  | | | | | | | |
| **7. INCIDENT RISK ASSESSMENT AND ACTIONS** | | | | | | | |
| **Consequence rating:** |  | | | **Likelihood of reoccurrence:** | |  | |
| **Response rating** |  | | | | | | |
| **Action** | | | **Person** | | **Completed by** | | **Date completed** |
|  | | |  | |  | |  |
|  | | |  | |  | |  |
|  | | |  | |  | |  |
|  | | |  | |  | |  |
|  | | |  | |  | |  |
| **8. ACTIONS COMPLETED** | | | | | | | |
| **Name** | |  | | | | | | |
| **Position** | |  | | | | | | |
| **Signature** | |  | | | | | | |
| **Date** | |  | | | | | | |