# Incident and injury form

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| **Details of incident (e.g. to a worker or visitor) and treatment** | | | |
| Date of incident |  | | |
| Time of incident | am  pm | | |
| Nature of incident | Near miss  First aid  Medical treatment/doctor | | |
| Name of injured person |  | | |
| Address |  | | |
| Occupation |  | | |
| Date of birth |  | | |
| Telephone |  | | |
| Employer |  | | |
| Activity in which the person was engaged at the time of injury |  | | |
| Exact site location where injury occurred |  | | |
| Nature of injury (e.g. fracture, burn, sprain, foreign body in eye) |  | | |
| Body location of injury (indicate location of injury on the diagram) |  | | |
| Treatment given on site: | Name of treating person: | | |
| Referral for further treatment:  Yes  No | Name of doctor or hospital: | | |
| Witness to incident (witness may need to provide an account of what happened) | | | |
| Witness name |  | Witness contact |  |

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| Details of incident (e.g. property, plant or environmental damage) |
| Date of incident Time of incident  am  pm |
| Location of incident |
| Details of damage to  Equipment or property |
| Name of person who Telephone  received the report |

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| Description of incident | |
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| Immediate response actions (e.g. barricades, isolation of power) to stabilise the situation | |
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| Reported to | |
| Reported to Operations Manager:  Yes  No | Provide details (when, reported to and reported by): |

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| --- | --- | --- | --- |
| Completed by | | | |
| Name |  | Position |  |
| Signature |  | Date |  |