# 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 |  |