



**Report all incidents irrespective of personal injury or damage  
(i.e. Report near miss incidents)**

<b>1. Personal Details</b>	Office use only
File Number: _____	
Name: _____ Date of Birth: _____ Age: _____	
Location: _____	
Employee: (Y/N) _____ Contractor (Y/N) _____ Visitor (Y/N) _____ Student (Y/N) _____	
Date of Incident: _____ Time of Incident: (24 hr) _____	

<b>2. Incident Report</b>	
History of Accident / Illness: _____	
_____	
_____	
Treatment Given: D.R.A.B.C.D. _____	
_____	
_____	

Tick box(s):    First Aid     Ambulance     Sent to Doctor     Sent to Hospital

<b>3. Body Part Injured &amp; Type of Injury</b>				
Type of Injury	Tick	Type of Injury	Tick	
Abrasion		Pain		
Crush		Bruise		
Cut		Dislocation		
Fracture		Burns		
Penetration / Puncture		Sprain / Strain		
Embedded Object		Swelling		
Electric Shock		Breathing Problems		
<b>4. Report Incident</b>				
First Aid Person must notify Supervisor if taking employee off site for treatment. Where ambulance transport is required, notify Site Supervisor or Manager.				
Treatment given by: (Print Name)		Signature:		

Work place/ Venue	Reported By
<b>Describe the Hazard/ Incident in detail.</b> Included area and task, equipment, tools and people involved	
<b>Possible Solutions/ how to prevent recurrence:</b> Do you have any suggestions for fixing problems or preventing a repeat.	
<b>Results of Investigation:</b> Determine whether the hazard/ incident is likely to cause an injury	
<b>Action Taken:</b> Supervisors to identify actions to prevent injury or illness.	
<b>To be completed by Risk Management Team:</b>	
<b>Resolved :</b> YES / NO	
<b>Signed:</b>	<b>Print Name:</b>
<b>DATE:</b> / /20	