



Incident Report Form

The personal information requested on this form is being collected to enable council to consider the application. Council will use this information for this purpose or one directly related and may disclose this information as required by law in accordance with the *Privacy and Data Protection Act 2014*. The applicant may apply to council for access and/or amendment of the information by contacting council's freedom of information/privacy officer on 5624 2436.

Section 1: Person(s) Involved Details

Person Involved

Full Name				Job Title	
Address				Town	
Postcode				Phone Number	
Supervisor				Date of Incident	<input type="text"/>
Time of Incident	Employee Signature				
Employment Status	Staff	Volunteer	Contractor	Client	
	Other				

Witnesses

Witness One Signature	Phone Number
Witness Two Signature	Phone Number

Section Two: Accident Details

Location in workplace of the occurrence

Please give a description of the event

What were you doing at the time?

What was the cause?

Section Three: Injury Details

This section only needs to be completed if an injury was sustained.

Part of the body where the injury has occurred:

Head Injury	Left Hand/ Wrist	Right Hand/ Wrist	Left Eye Injury
Right Eye Injury	Left Leg	Right Leg	Neck
Left Foot/Ankle	Right Foot/ Ankle	Trunk Front	Trunk Back
Internal	Multiple	Left Arm	Right Arm
Other			

Incident/ Accident Type

Trip/ Fall	Harmful Contact/ Exposure
Falling/ Flying Object	Vehicle/ Plant Work
Caught In	Recurrence
Struck by/ Against Object	Journey To/ From Work
Manual Handling Over Exertion	Psychological
Repetitive Work	
Other	

Medical Attention Given By:

Type of First
Aid
Administered

First Aider's
Name

Hospital

Doctor's Name

Clinic

Section 4: Property Details

Please Provide any Details of Property Damage

Owner's Name

Owner's Contact Number

Will this result in an insurance claim?

Plant Type (Including Vehicles)

Yes

No

Plant (or Registration) Number

Protective Equipment Worn

Were safety guards operating?

Is this incident the result of vandalism or other criminal act?

Yes

No

Yes

No

Section 5: Action Taken By Employer

This section is to be completed by the supervisor.

Have the police been notified?

Yes

No

Action(s) taken by the employer to prevent recurrence

Re-training of person(s) involved

Arrange job safety analysis or risk assessment

Improved personal protect

Reinstruction of others doing the same job

Action to improve design

Order regular pre-job instruct

Isolate the Hazard

Installation of guard

Check with manufacturer

Change the work process

Repair or Replace Equipment

Order Use of Safer materials

Action to Improve Clean Up

Correction of Unnecessary Congestion

No Action Needed

Please give a description of the action taken

Has preventative action been implemented and is satisfactory?

Yes No

Has a risk assessment been done for the task that caused the injury?

Yes No

Is a copy of the risk assessment attached to this application (either electronically or in hardcopy)?

Yes No

Has the staff member been notified of action taken?

Yes No

In the case of criminal acts, have the police been notified?

Yes No

Section 6: Human Services

This section is only to be completed by a human services manager if the incident relates to the Human Services team.

Is this a Category One incident? (for example: unexpected death of a client or staff member, allegations of, or actual serious physical or sexual assault, fire.)

Yes No

If 'Yes', has this been reported to the appropriate Department? (for instance the Department of Health or Human Services)

Yes No

Please provide any additional information as necessary

Section 7: Occupation Health and Safety

This section is for the Occupational Health and Safety Coordinator to complete.

Did the event involve any of the following?

Incident

Injury

Property Damage

Near Miss

Is the event reportable?

Yes

No

Date notification was sent

Source used

E-mail

Fax

Phone

Post

Signature of Supervisor/ Manager Concerned

Date

Signature of the Occupational Health and Safety Coordinator

Date

Please provide any additional comments if necessary