



<b>ID NUMBER:</b>

## INCIDENT REPORT FORM

(for reporting incidents and accidents)

<b>Person reporting incident</b>		
Name	Phone	
<b>Date of incident</b>	<b>Time</b>	<b>Location</b>
<b>Describe the events preceding the incident</b>		
<b>Describe the incident</b>		
Include details of what occurred, the duration and any other information you think is relevant.		
<b>Witnesses</b>		
Name	Phone	

**Describe what action was taken following the incident**

**Suggestions for prevention**

Describe any ideas or suggestions you might have in order to prevent a similar incident from occurring again

**IN THE EVENT OF INJURY**

**Name of injured person**

Name	Phone
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**Describe injury**

Include position and appearance of injured person

**Type of injury**

Bruising  Strain  Cut  Stress  Other:

**Medical assistance**

None  First Aid  PRN  GP  Ambulance  Emergency

In accordance with the Workers Rehabilitation and Compensation Act 1988, employees have the right to make a claim for compensation for the injury. In this event, a Workers' Claim for Compensation should be completed as soon as possible.

**Employee Declaration**

I declare that to the best of my knowledge, this is a true and accurate record of events.

Name	Signature	Date

INVESTIGATION		
<b>Action taken</b>		include action taken after the incident and actions to prevent reoccurrence
Investigator's signature		
Name	Signature	Date
Sighted by		
	Signature	Date
General Manager		
OH&S rep (if applicable)		

OFFICE USE ONLY		
Type of incident		
Behavioural <input type="checkbox"/>	Medical (ie seizure/illness) <input type="checkbox"/>	Trip/Fall <input type="checkbox"/>
Medication <input type="checkbox"/>	Damage to property <input type="checkbox"/>	Use of Equipment/vehicles <input type="checkbox"/>
Infection control <input type="checkbox"/>	Restraint/supportive device <input type="checkbox"/>	Other: <input type="checkbox"/>
Reporting	Severity Code	
Reported to:		
Board <input type="checkbox"/>	1 <input type="checkbox"/>	Report Immediately
Workers compensation <input type="checkbox"/>	2 <input type="checkbox"/>	Report Immediately
Funding Body <input type="checkbox"/>	3 <input type="checkbox"/>	Report Six monthly
Police <input type="checkbox"/>	4 <input type="checkbox"/>	Report Six monthly
Workplace Standards <input type="checkbox"/>	5 <input type="checkbox"/>	Not reportable