

INCIDENT REPORT FORM

REPORT NO _____

| | | |
|----------------------|---------|------------|
| 1 REPORTED BY | Surname | Given name |
| Address | | Telephone |

| | | |
|---|--|-----------|
| 2 INCIDENT DETAILS [COMPLETE THIS SECTION ONLY IF AN INCIDENT CAUSES INJURY OR PROPERTY DAMAGE] | | |
| Name of injured person/owner of damaged property | | |
| Address | | Telephone |
| Date of incident | | Time |
| Location | | |
| Describe how the incident occurred (List sequence of events preceding incident) | | |
| Details of injury or property damage sustained | | |
| Details of subsequent events (e.g. treatment given, name of doctor, name of hospital) | | |
| 4 DECLARATION - I hereby declare the information provided above is true and correct | | |
| Signed | | Date |

| | |
|---|----------------------------------|
| 5. INVESTIGATION - [COMPLETE UNDER THE DIRECTION OF THE RESPONSIBLE OFFICER OR OH&S COORDINATOR] | |
| Details of investigation (Attach sheet if necessary with additional details) | |
| What corrective action was identified? (Action to prevent a reoccurrence of this incident) | |
| Who is responsible for completing the corrective action? | |
| Target completion /or review date | Date corrective action completed |
| Signed Responsible Officer | Signed OH&S Co-ordinator |

Definition:

Incident: *Any event that gives rise to personal injury or damage to property, or has the potential to cause personal injury or property damage.*