INCIDENT AND INVESTIGATION REPORT

This form is used to report all accidents/incidents and near misses, whether an injury occurred or not and to document the investigation into the incident. Please complete this form as soon as possible after the incident occurred. Notifiable incidents must be reported to the Regulator immediately.

PART A: INJURED PERSON'S DETAILS (completed by person involved or by the Manager)			
Full name of injured person:		Date of birth	
Workers address:			
Department & location:			
Occupation:		Phone:	
☐ Employee	☐ Contractor	☐ Visitor	Company:

DETAILS OF THE INCIDENT				
Date of incident/injury:		Time:		am / pm
Exact location of incident:				
Operation & industry the worker/contractor was engaged in at time of incident:				

DETAILS OF TREATMENT (if any)		
☐ Medical Practitioner Details:	☐ Nil	☐ First Aid
Details of treatment:	☐ Hospital Details:	
Was there any time lost (please tick)	☐ Nil	☐ YES days
Workers Compensation claim lodged:	☐ YES	☐ NO
Regulator notified:	☐ YES	☐ NO

CAUSE OF INJURY (tick box)				**NATURE OF INJURY (tick box)**			
☐	Pushing / pulling	☐	Moving plant	☐	Cut	☐	Fracture
☐	Trip/slip/fall	☐	Biological	☐	Bruise	☐	Burn
☐	Falling object	☐	Chemical	☐	Sprain/ strain	☐	Abrasion
☐	Vehicle	☐	Person/animal	☐	Electric shock	☐	Other (describe)

WHAT BODY PART WAS AFFECTED?							
☐	Head	☐	Hand (right)	☐	Hand (left)	☐	Fingers
☐	Face	☐	Knee (right)	☐	Knee (left)	☐	Ankle(right)
☐	Eye (right)	☐	Leg (right)	☐	Leg (left)	☐	Ankle (left)

☐	Eye (left)	☐	Nose	☐	Ears	☐	Abdomen
☐	Trunk / Back	☐	Foot (right)	☐	Foot (left)	☐	Other (describe)
☐	Neck	☐	Arm (right)	☐	Arm (left)		

PART B: THE INCIDENT (completed by Manager in consultation with injured person)			
Describe what happened:			
Were they any witnesses: [please tick]	☐ Yes ☐ No (if yes, list names below)		
Name:		**Phone:**	
Name:		**Phone:**	
INCIDENT ANALYSIS			
What factors contributed to the incident: e.g., plant/equipment, work organisation, work methods, worker behaviour and environment?			
PREVENTION			
What was the IMMEDIATE action taken following the incident? Can you eliminate the hazard?			
What action will be taken to prevent a recurrence? Implement controls using the hierarchy of controls. (Refer to the WHS risk management procedure)			
Corrective action follow up. Check that controls are effective in minimising the risk.			

COMPLETION OF INVESTIGATION		
Incident Investigated by:	**Name:**	**Position:**
	Signature:	**Date**:
Workers Manager	**Name:**	**Position**:
	Signature:	**Date:**
Injured Worker	**Name:**	**Position**:
	Signature:	**Date:**

Return the completed form to _____