Incident Report

When reporting hazards, accidents/incidents and injuries:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Reporting hazard?** |  | **Complete Part B** |  |  |  |
|  |  |  |  |  |  |  |
| **Complete  Part A** |  |  |  |  |  |  |  | **Submit form to practice owner or delegate** |
|  |  |  |  |  |  |  |
|  |  |  | **Reporting incident and/or injury** |  | **Complete Part C** |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Worker | | | | |
| Surname: |  | First name: |  |
| Telephone: |  | | | |
| Date and time of occurrence: |  | | | |
| Location of occurrence: |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Incident Report | | | | |
| Description of incident: | | | | |
|  | | | | |
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| Nature of injury and part of body affected: | | | | |
|  | | | | |
|  | | | | |
| Treatment: | | | | |
| Nil | First aid | Medical treatment | Hospitalisation |
| What do you think contributed to the incident? (eg, faulty equipment, housekeeping, etc.): | | | | |
|  | | | | |
|  | | | | |
| Witnesses (if any): | | | | |
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| --- | --- | --- |
| To be completed by practice owner/delegate | | |
| Investigation results and possible causes: | | |
| Inappropriate or faulty equipment | Poor procedures | Poor task design |
| Difficult working conditions | Slippery surfaces | Inadequate lighting |
| Inadequate training |  |  |
| Why did the hazard and/or incident occur? | | |
|  | | |
|  | | |
| Nature of injury and part of body affected: | | |
|  | | |
|  | | |
| Risk level | | |
| High | Medium | Low |
| Immediate actions taken: | | |
|  | | |
|  | | |
| Further actions required: | | |
| Changes to equipment or materials | Improved procedures | Improved working environment |
| Improved detection of failures | Improved training and supervision |  |
| What else can be done to prefent a reoccurence? | | |
|  | | |
|  | | |

Feedback has been provided to person who reported the hazard, incident or accident.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | | | | | |
| Worker name (print) |  | Worker signature | | | | | | |
|  | | Date of signing: |  | / |  | / |  |
|  |  |  | | | | | | |
| Manager name (print) |  | Manager signature | | | | | | |
|  | | Date of signing: |  | / |  | / |  |