Incident Report

When reporting hazards, accidents/incidents and injuries:

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

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

|  |
| --- |
| Incident Report |
| Description of incident: |
|  |
|  |
| 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: |  | / |  | / |  |