

Incident Report Form Instructions

Incident Definition

- Any injury to a person, or
- Damage to plant or property, or
- A “near-miss” where there was potential for injury or damage.

Incident Report Form Purpose

It is important to develop a strong culture of incident reporting, no matter how minor, as all reported incidents should be used as valuable lessons in how to prevent a recurrence.

An investigation should concentrate on identifying what actions or events led to the incident, and to identify strategies to ensure that the incident is addressed and controlled. Outcomes of investigations will strengthen the safety systems and methods of work within a company.

Information to be completed on an Incident Report Form is:

- What was the Incident/near miss?
- Where there any injuries?
- Was there any damage to property or plant?
- What caused the incident? (List what factors you feel led to the incident. Possible causes are, lack of training, ineffective guarding, poor systems of work, miscommunication,)
- What actions will be taken to eliminate future repeats of the incident?
- Management comments.

Management Response to Incidents

- The incident has been discussed with all parties involved
- The incident has been controlled to a level acceptable by all parties involved
- The incident has not created any new issues
- The incident can be considered as controlled and able to be signed off as closed

INCIDENT REPORT FORM

| | | |
|--|-------------------------------------|--|
| Status: <input type="checkbox"/> Employee | <input type="checkbox"/> Contractor | <input type="checkbox"/> Other |
| Outcome: <input type="checkbox"/> Near miss | <input type="checkbox"/> Injury | <input type="checkbox"/> Property Damage |

1. DETAILS OF INJURED PERSON (if applicable)

Name: _____ Phone: (H) _____ (W) _____

Address: _____ Sex: M F

_____ Date of birth: _____

_____ Position: _____

Experience in the job: _____ (years/months)

Start time: _____ am pm

Work arrangement: Casual Full-time Part-time Other

2. DETAILS OF INCIDENT

Date: _____ Time: _____

Location: _____

Describe what happened and how: _____

3. DETAILS OF WITNESSES

Name: _____ Phone: (H) _____ (W) _____

Address: _____

4. DETAILS OF INJURY (if applicable)

Nature of injury (eg burn, cut, sprain) _____

Cause of injury (eg fall, grabbed by person) _____

Location on body (eg back, left forearm) _____

Agency (eg lounge chair, another person, hot water) _____

5. TREATMENT ADMINISTERED

First Aid given Yes No

First Aider name: _____

Treatment: _____

Referred to: _____

SECTION 6-9 MUST BE COMPLETED BY EMPLOYER

Incident form in regard to serious injuries will be forwarded to WorkSafe for Workers Injury Claim

6. DID THE INJURED PERSON STOP WORK ?

Yes No If yes, state date: _____ Time: _____

Outcome:

- Treated by doctor Hospitalised Workers compensation claim
 Returned to normal work Alternative duties Rehabilitation

7. INCIDENT INVESTIGATION (comments to include causal factors):

8. RISK ASSESSMENT

Likelihood of recurrence: _____

Severity of outcome: _____

Level of risk: Extreme High Moderate Low

9. ACTIONS TO PREVENT RECURRENCE

| Action | By whom | By when | Date completed |
|--------|---------|---------|----------------|
| | | | |

10. ACTIONS COMPLETED

Signed (Manager): _____ Title: _____

Date: _____

Feedback to person involved Date: _____

11. REVIEW COMMENTS

OHS committee / staff meeting: _____

Reviewed by site Manager (signed): _____ Date: _____

Reviewed by Health & Safety Rep.(signed): _____ Date: _____