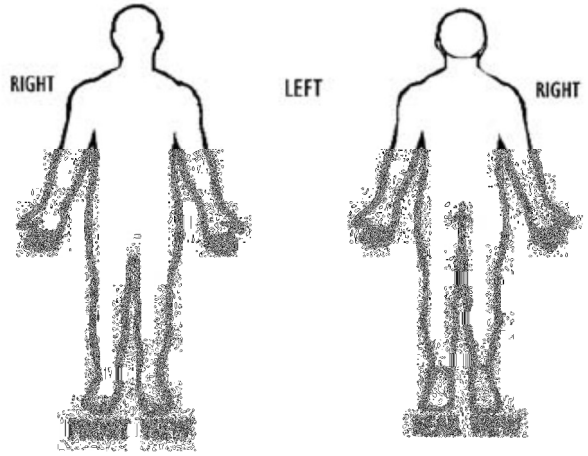
Incident and Injury Report Form

1. Details of incident/Injury and persons involved

Date of incident	/ /	
Time of incident	☐ am ☐ pm	
Address of incident		
Location of incident (car, bathroom, bedroom, toilet, garden)		
Nature of incident	☐ Near miss ☐ Accident ☐ Fall ☐ Behavior ☐ Absconding ☐ Injury ☐ Other-Specify: _____	
Persons Involved	☐ Employee ☐ Contractor ☐ Relative ☐ Client Name: _____ ☐ Other-Specify: _____	
Details of Person/s involved in the incident	**Name**	**Contact No.**
Were there any witnesses? If so, provide details	**Name**	**Contact No.**

2. Details of incident / Injury

Activity in which the person was engaged in at the time of incident		
Nature of injury (e.g. fracture, burn, sprain etc.)	☐ Amputation ☐ Burn ☐ crush ☐ Dislocation ☐ Concussion ☐ Dermatitis ☐ Fracture ☐ Internal injury ☐ Medication ☐ Laceration ☐ Open wound ☐ Puncture ☐ Foreign body ☐ Sprain/strain ☐ Superficial injury ☐ Other: Specify: _____	
Was medical treatment required on site?	Yes ☐ No ☐	**Name of treating person**
Referral for further treatment?	☐ Yes ☐ No	**Name of doctor or hospital**
Injury management required?	☐ Yes ☐ No	**Name of person providing treatment**

Body location of injury (indicate location of injury on the diagram)	
Describe incident in detail (Provide only the facts)	_____ _____ _____ _____ _____ _____ _____

3. Worker Cover

Results of accident	Lost time injury ☐ Yes ☐ No No. of days: _____ Workers' compensation claim ☐ Yes ☐ No	
Work Cover Claim?	☐ Yes ☐ No	**Work Cover claim approval number**
WorkCover medical certificate/s received?	☐ Yes ☐ No	***Please attach copies***
Notify return to work Coordinator	☐ Yes ☐ No	**Name of return to work Coordinator**

4. Details of who the incident or injury was reported to

Details of person making report	**Name**	**Contact No.**
	Address	
Reported to on-site contractor?	**Provide details (when, reported to and reported by):**	
☐ Yes ☐ No		
Reported to Work Cover (Phone: 13 10 50)	**Provide details (when, reported to and reported by):**	
☐ Yes ☐ No		
Reported to Emergency Services	**Select one or more of the following**	
☐ Yes ☐ No	☐ Fire ☐ Ambulance ☐ Police ☐ Other-Specify: _____	
Reported to 121 care office?	**Provide details (when, reported to and reported by):**	
☐ Yes ☐ No		

5. Details of property, plant or environmental incident

Date of incident	/ /
Time of incident	☐ am ☐ pm
Location of incident	
Nature of damage	
Describe incident in detail (Provide the facts only)	
_____ _____ _____ _____ _____ _____	

Actions taken to date (e.g. barricades, power off, treatment, call for assistance)

1	
2	
3	
4	
5	
6	

6. Follow up action Planned

1	
2	
3	
4	
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8	
9	
10	

7. Review Date / Closure of incident

Date for follow-up action	
Further actions required	_____ _____ _____
Final comments	_____ _____ _____

8. Closure of incident

Date for Incident closure	
Close by: **Name & Position**	