

INCIDENT REPORT

INCIDENT

Tick

Report Number

OFFICE USE

- Near Miss
- Injury
- Serious Bodily Injury
- Work Caused Illness
- Dangerous Event


Date of Report .....

Date of Incident .....

Gender M / F .....

Employee / Customer / Contractor

Full Name .....

Company Name .....

Address .....

Telephone Number/s .....

Incident details

Time of Incident .....

Date of Incident .....

Witness to Incident Y / N

Witness Details

Full Name .....

Company Name .....

Address .....

Telephone Number/s .....

DESCRIPTION OF INCIDENT

What EXACTLY was the worker / customer / contractor doing at the time ?

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How EXACTLY was the injury / disease or damage sustained?

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Details of the incident / accident.

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Incident was report to

Full Name
Company Name
Address
Telephone Number/s

What was the result of the incident?

Fatality
Hospitalisation
First Aid only
Damage to Property
Medical Treatment
Near Miss / Hazzard
Nil (Injury/Damage)

Other Comments

[Lined area for other comments]

Person Reporting Incident

Full Name
Company Name
Address
Signature
Date

OH&S Representative

Full Name
Signature
Date

