Incident Report

PROJECT \ LOCATION:	**INCIDENT DATE:**
PROJECT NO: (where applicable)	**INCIDENT TIME:**
PROJECT MANAGER:	**REPORT NO.**

Type of Incident (More than one may have to be ticked)

☐ Near miss	☐ Plant /Property/Product Damage	☐ Environmental Damage
☐ Fatality	☐ Lost Time Injury	☐ Work caused Illness
☐ Medically Treated Injury	☐ First Aid Injury	☐ Other, specify:

Location of Incident:

Report and Investigation By: Date:

Details of Injured Person

Given Names:			Surname:	
Date of Birth:			Gender:	☐ Male ☐ Female
Street Address:			Suburb:	
			Postcode:	
Employer:			Occupation:	
Employment Status:	☐ Full time	☐ Part time	☐ Casual	☐ Other
Shift Length (hours):	☐ Current Shift	☐ 24 hrs Prior	☐ 48 hrs Prior	☐ 72 hrs Prior

Mechanism of Injury (Please tick appropriate box/es)			
☐ 01 Falls from heights	☐ 07 L/Term exposure to sound	☐ 13 Exposure to radiation	☐ 19 Slide or cave-in
☐ 02 Falls from same level	☐ 08 Exposure of var. in pressure	☐ 14 Contact with chemical	☐ 20 Vehicle accident
☐ 03 Hitting object/s	☐ 09 Repetitious movements	☐ 15 L/Term contact chemical	☐ 21 Other mechanisms
☐ 04 Exposure to vibration	☐ 10 Other muscular stress	☐ 16 Other contact chemical	☐ 22 Unspecified mechanisms
☐ 05 Hit by moving object/s	☐ 11 Contact with electricity	☐ 17 Contact biological factors	
☐ 06 Exposure to sudden sound	☐ 12 Exposure to heat or cold	☐ 18 Exposure to mental stress	
Nature of Injury (Please tick appropriate box/es)			
☐ 01 Fractures	☐ 06 Internal chest	☐ 11 Foreign body eye, ear, nose	☐ 16 Multiple Injury
☐ 02 Fractures of vertebral col.	☐ 07 Traumatic amputation	☐ 12 Burn	☐ 17 Damage to artificial aids
☐ 03 Dislocation	☐ 08 Open wounds	☐ 13 Injury to spine, cord, nerves	☐ 18 Other
☐ 04 Sprains and strains	☐ 09 Superficial injury	☐ 14 Poisoning or toxic effects	
☐ 05 Intracranial injury	☐ 10 Contusion with intact skin	☐ 15 Effects of weather, air	
Body Location of Injury (Please tick appropriate box/es)			
☐ 01 Eye	☐ 05 Neck	☐ 09 Hands / fingers	☐ 13 Multiple locations
☐ 02 Ear	☐ 06 Back	☐ 10 Hips / legs	☐ 14 Unspecified
☐ 03 Face	☐ 07 Trunk	☐ 11 Feet / toes	
☐ 04 Head	☐ 08 Shoulders / arms	☐ 12 Internal organs	
Treatment			
☐ Nil	☐ First Aid	☐ Doctor Only	☐ Hospital as Inpatient

SECTION 1. WHAT LED UP TO THE INCIDENT (Describe the situation & events preceding the incident)

SECTION 2. DESCRIBE THE INCIDENT (Description of the actual incident / accident)

SECTION 3. LIST THE ELEMENTS INVOLVED IN THE INCIDENT		
People	-	List each person directly involved and any witnesses
Equipment	-	List each piece of plant/ equipment
Environment	-	List the physical surroundings

People:	
Equipment:	
Environment	

SECTION 4. RESULTS OF INVESTIGATION - *(attach photographic evidence and or sketch) :*			
Had the person attended the Pre-start Meeting:	☐ Yes	☐ No	☐ N/A
Was the person Site Inducted:	☐ Yes	☐ No	☐ N/A
Had the person signed onto the relevant SWMS / JSEA:	☐ Yes	☐ No	☐ N/A
Was the correct PPE being worn:	☐ Yes	☐ No	☐ N/A
Was the person correctly trained for the task:	☐ Yes	☐ No	☐ N/A
Contributing Factors to the Incident:			
-			
-			
-			

Root Cause of the Incident:			
-			
Investigated By:	Name:	Signature:	Date:
	Name:	Signature:	Date:

SECTION 5. RECOMMENDED CORRECTIVE AND / OR PREVENTATIVE ACTION				
Actions & Controls:			**Person Allocated to Actions**	**Proposed Completion Date**
Raise at the next [type of, e.g. prestart] Meeting	☐ Yes	☐ No		
Should the JSEA / SWMS be reviewed	☐ Yes	☐ No		
Further Actions & Controls: (Utilising “hierarchy of controls”)				

Corrective & Preventative Actions Approved By:	
Name & Signature:	Date:
[Management Position] Signature	
Name & Signature:	Date:
[Executive Position] Signature	

Corrective & Preventative Actions Completed:	
Name & Signature:	Date:
[Management Position] Signature	
Name & Signature:	Date:
[Executive Position] Signature	