INCIDENT / ACCIDENT / INJURY REPORT FORM

Status:	☐ Employee	☐ Contractor	☐ Student	☐ Other
Outcome:	☐ Near miss	☐ Injury		

1. DETAILS OF INJURED PERSON				
Name:		Phone:	(H)	(W)
Address:		Sex:	☐ M ☐ F	
Position:		DOB:		

Experience in the job:	☐ years ☐ months			
Start time:	☐ am ☐ pm			
Work arrangement:	☐ Casual	☐ Full-time	☐ Part-time	☐ Work Experience

2. DETAILS OF INCIDENT			
Date:		Time:	
Location:			
Describe what happened and how:			
Risk assessment to avoid further incidents:			
Interview with WHS officer where a full Incident/ Risk report is to be completed:		☐ Yes ☐ No	
Date and time of Interview:			

3. DETAILS OF ATTENTION REQUIRED			
Medical attention required:	☐ Yes ☐ No	Type:	
Doctor and Date attended:			
Workers Comp:			
Claim required:			

4. DETAILS OF WITNESSES		
Name:	**Contact number(s):**	**Address:**

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