



# WHS INCIDENT REPORT FORM

An *INCIDENT* is something that involves an injury or illness to harm the health or safety of a person.

This form is for reporting incidents. If you have identified a hazard, you need to complete the Hazard Report Form. For directions on how to fill out this form please refer to the Incident/Accident & Hazard reporting Policy.

## STEP 1 INJURED PERSON

Your Name:.....Phone No:.....Mobile:.....

Address:..... Postcode:.....

Position Title:..... Dorm/Dept.: .....

Date of Birth: ...../...../..... Age:.....yrs Sex: Male  Female

Employment Category:

Staff  Student  Part-time  Full-time  Casual  Sub-contractor  Visitor

## STEP 2 INCIDENT DETAILS

Day of Incident:..... Date...../...../..... Time:.....am/pm

Location of incident:.....

When was the incident first reported? Date...../...../..... Time:.....am/pm

To whom was the incident reported? Name:.....

Was the injured person working alone? Yes  No

If no, give names of co-workers:.....

Any other witnesses: Name.....Address.....

Any other witnesses: Name.....Address.....

Was the person directly supervised at the time of the incident? Yes  No

If yes, supervisor's name.....

If no, the person was: Indirectly supervised  Not being supervised  Trained in that field: Yes  No

## STEP 3 DESCRIPTION OF THE INCIDENT (attach diagrams, sketches or photographs if necessary)

Apparent injury or property damage:.....

What was the person doing at the time of the incident?.....

What event happened unexpectedly?.....

How was the injury sustained?.....

Type of injury:.....bodily location of injury:.....

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Was the injury serious: Yes  No  Give details.....

### STEP 4 TREATMENT GIVEN (if any)

None required  Doctor  Hospital  First Aid  Nurse  Name:.....

Detail of first aid given:.....

Treating doctor's name:.....Address:.....

Medical diagnosis by doctor:.....Ambulance involved: Yes  No

Hospital treatment: No  Yes  .....(attach forms)      Outpatient / Admitted Yes  No

### STEP 5 CLAIM DETAILS

Has any claim been made? Yes  No       Was it verbal or in writing? Verbal  Writing

If verbal, give details:.....

.....

If in writing, make a copy for your records and attach original to this report.

### STEP 6 SUPERVISOR OR CONTROLLER OF ACTIVITY

Supervisor's Name:.....Address:.....

Phone work:.....Mobile:.....Department:.....

Did you give instructions prior to activity: No  Yes       If yes; Written  Verbal

If no, why not?:.....

Did employee deviate from instructions No  Yes  If yes, How?.....

What were you doing at the time of the incident?.....

Injured person's signature:.....Date: ...../...../.....

Supervisors signature:.....Date: ...../...../.....

Chief Financial & Operations Officer signature:.....Date: ...../...../.....

**Note:**

- **Do not admit liability** – Get the facts without prejudice
- Supply originals of all correspondence and accounts relating to the incident to Chief Financial & Operations Officer
- CFOO send copy to: WHS Office