Injury and Incident Report Form

Incident Type ❑ Near hit/Near miss ❑ Injury ❑ Illness ❑ Fatal

Name ______________________ ❑ Employee ❑ Volunteer ❑ User ❑ Contractor

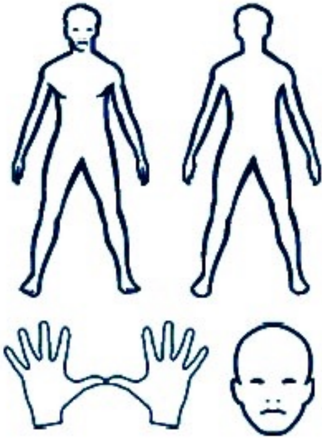
Residential Address ____

Date of Birth ______________ Sex ❑ Male ❑ Female Phone ______________

Period of Employment (if Employed) of injured Person ______________________________

Injury Details - Body Part

Shade the injured body part



Check List

	Left	Right
❑ Head	❑	❑
❑ Shoulder	❑	❑
❑ Foot	❑	❑
❑ Wrist	❑	❑
❑ Knee	❑	❑
❑ Neck	❑	❑
❑ Back/Spine	❑	❑
❑ Internal Organs	❑	❑
❑ Finger	❑	❑
❑ Ankle	❑	❑
❑ Eye	❑	❑
❑ Hand	❑	❑
❑ Arm	❑	❑
❑ Leg	❑	❑
❑ Multiple Locations		

Injury Type

(Please tick all that apply)

❑ Aches/pain (gradual)
❑ Aches/pain (sudden)
❑ Amputation
❑ Broken bone
❑ Bruise incl. crushing
❑ Burn/scald
❑ Chemical reaction
❑ Choking/suffication
❑ Concussion/brain injury
❑ Cut (infected)
❑ Cut (not infected)
❑ Dental injury

❑ Dermatitis
❑ Dislocation
❑ Fatal
❑ Foreign body in
❑Eye ❑ Nose ❑ Ear
❑ Inhalation disease
(asbestos/lead)
❑ Hearing Loss
(noise induced)
❑ Poisoning
❑ Strain/Sprain
❑ Other

Treatment Details (tick)

❑ None ❑ First Aid ❑ Nurse ❑ Physiotherapy ❑ Doctor ❑ Hospital

Incident Details	Date: Time:
CIRCUMSTANCES: *Record what happened* *Note time/Date* *Contributing factors (how/why)* **PERSONS INVOLVED:** *Witnesses* *Contact Details* *Suspect Description* **PROPERTY INVOLVED:** *Full Description* *Property/Damage Value* *Vehicle Details if Applicable*	Location: Hours worked since arrival onsite (employees only): Details: (circumstances/persons involved/property involved)

Possible cause of accident

❑ Fall, trip or slip ❑ Heat, radiation or energy ❑ Body posture ❑ Being hit by moving objects
❑ Biological factors ❑ Task repetitiveness ❑ Stress ❑ Noise, pressure or vibration
❑ Stretching or overexertion ❑ Chemicals or other substances ❑ Hitting objects with part of the body

What action has been taken

Was a significant hazard involved? ❑ Yes ❑ No
Has a hazard report been completed? ❑ Yes ❑ No ❑ N/A

Signature ________________________________ Date ______________