INCIDENT REPORT FORM

INCIDENT – INJURY REPORT FORM

Instructions:
*Employees shall use this form to **anonymously** report all work-related injuries, illnesses, or "near miss" events (which could have caused an injury or illness) – no matter how minor. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and submitted on the portal for further action.*

PART A –DETAILS		
Date of Incident: / /		**Time: am / pm**
PART B - EMPLOYMENT DETAILS		
Name of Employer:		
Employer Address:		
Employment: ☐ Permanent Employee ☐ Part Time Employee ☐ Contractor ☐ Volunteer		
Department:		
Location where the incident occurred:		
Task was being performed at time of Incident:		
Brief description of the Incident? (describe incident - injury):		
Witnesses: -		
Witnesses: -		
Part C - INJURY DETAILS		
Nature of the injury (*e.g. cut, burn, strain*)		
Body location of the injury (*e.g. shoulder, back*)		
Injury Treatment	**No treatment ☐**	
	Treatment ☐	
	First Aid ☐	
	Doctor ☐	
	Ambulance ☐	
	Hospital ☐	
Is the incident Reportable to Worksafe Victoria		

INCIDENT INVESTIGATION FORM

INCIDENT INVESTIGATION							
Job -Task	**Yes**	**No**	**N/A**	**Equipment**	**Yes**	**No**	**N/A**
Was training provided				Correct equipment used			
Supervision provided				Equipment in correct location			
Risk Assessment e.g. (SWMS) completed				Equipment guarded			
Work procedures available				Preventative maintenance complete			
Task not modified - changed				Equipment working properly			
PPE & C provided				Equipment had not been modified			

Other contributing factors?

Part A – RECOMMENDATIONS		
Can the risk be eliminated? (circle Yes or No) **PPE&C to be considered as the last alternative.** PPE&C is the least effective means of controlling hazards.	**Yes**	**No**
Why or How:		