

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

_____ Date of birth: _____

_____ Position: _____

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:

Date and time of Interview-

3. DETAILS OF WITNESSES		
Name	Contact number(s)	Address
Medical attention required:	Type:	Doctor and Date attended:
Workers Comp: Claim required:		