INJURY/INCIDENT REPORT FORM

This form is to be used to report all incidents/accidents.

SECTION A: TO BE COMPLETED BY PERSON INVOLVED OR MEDICAL OFFICER.

PERSON INVOLVED IN ACCIDENT/INCIDENT (Please print)

<table>
<thead>
<tr>
<th>Surname:</th>
<th>First Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(please tick) Employee ☐ Contractor ☐ Volunteer ☐</td>
<td></td>
<td>Male ☐ Female ☐</td>
</tr>
</tbody>
</table>

Department: Position:

DETAILS OF THE ACCIDENT ☐ INCIDENT ☐ (tick appropriate box)

Date accident/incident: __________/________/________.

Time accident/incident: ____________________ am/pm

Location where accident/incident occurred (please print):

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___________________________________________________________________________

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Annex A: Occupational Health and Safety - Injury/Incident Form

Part of body affected (tick appropriate answers)

Head
- eye
- ear
- nose
- mouth
- teeth
- face
- skull

Trunk
- neck
- hip
- chest
- stomach
- groin
- back
- multiple

Internal
- heart
- lungs
- systemic

Arm
- left
- right
- shoulder
- upper arm
- elbow
- forearm
- wrist

Hand
- left
- right
- thumb
- fingers
- palm

Leg
- left
- right
- knee
- lower leg
- ankle
- thigh
- other toes

Foot
- left
- right
- great toe
- other toes

- not applicable

Nature of Accident/Incident (tick appropriate answers)

- abrasion
- puncture
- heart attack
- sprain
- burn
- traumatic shock
- bruise
- laceration
- hearing loss
- strain
- scald
- electric shock
- fracture
- amputation
- foreign body
- hernia
- rash
- chemical
- concussion
- bite
- minor cuts
- Allergy
- Aggravation of previous injury or medical condition.
- not applicable

Type of Accident/Incident (tick appropriate answers)

- striking against
- stumbled
- lifting
- pushing
- ingestion
- struck by
- slipping
- bending
- pulling
- absorption
- caught in
- tripping
- twisting
- jumping
- inhalation
- stepping on
- falling
- stress
- motor vehicle
- other: describe
- not applicable

Agency of Accident/Incident (tick appropriate answers)

- Vehicle
- Power tools
- Animal/Insect
- Biological agent
- Objects
- Buildings
- Furniture
- Heat Stress
- Chemicals
- Mobile Plant
- Other tools
- Materials
- Equipment
- Other
- Structures
- Surfaces
- Sunburn
- Stress
- not applicable

If reporting an incident, please describe how this occurred:

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___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Annex A: OH&S- Injury/Incident Form
Approved
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SECTION B: TO BE COMPLETED BY MANAGER AND THE PERSON INVOLVED.

This is an extremely important section as the aim of the accident/incident investigation is to identify preventative action that will avoid reoccurrence of a similar accident.

Probable cause or causes of Accident / Incident (tick appropriate answers)

☐ inadequate instruction  ☐ fault of plant or equipment  ☐ poor storage  ☐ weather
☐ inadequate workspace  ☐ equipment unavailable  ☐ poor access  ☐ terrain
☐ assistance unavailable  ☐ lack of attention  ☐ incorrect method  ☐ work practices
☐ not applicable

Describe how the accident occurred:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

PREVENTION OF ACCIDENT/INCIDENT RECURRENTE
Describe what action is planned or has been taken to prevent a recurrence of the accident.
(Please print)

(Immediate)

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

(Long Term)

___________________________________________________________________________

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SECTION C:

Manager name ___________________________________________________________

Manager signature ______________________________________________________

Signed by person involved _______________________________________________