|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Incident Report Form[[1]](#footnote-2)** | | | | | | **Office Use Only** | | | | | |  | |
| **Report No.:** | | | | | |  | |
| Please complete this form and submit to reception. | | | | | | **OHS Officer:** | | | | | |  | |
| **Attached Follow up Form** | | | | | |  | |
| **Reported by** | | | | | | | | | | | | | |
| First Name |  | | | | Surname | | | |  | | | | |
| Address |  | | | | | | | | | | | | |
| Phone |  | | | | | | | | | | | | |
| **Incident Details** | | | | | | | | | | | | | |
| Name of injured person/owner of damaged property | | |  | | | | | | | | | | |
| Address | |  | | | | | | | | | | | |
| Phone | |  | | | | | | | | | | | |
| Date of incident | |  | | Time | | |  | | | | | | |
| Location | |  | | | | | | | | | | | |
| Describe how the incident occurred | | (List sequence of events preceding incident) | | | | | | | | | | | |
| Detail of injury or property damage sustained | |  | | | | | | | | | | | |
| Details of subsequent events | | (eg. Treatment given, name of doctor, name of hospital) | | | | | | | | | | | |
| Were there any witnesses to the incident? | | | | | | | | | | Yes | | |  |
| Contact details for any witnesses | |  | | | | | | | | | | | |
| **Declaration** | | I hereby declare the information provided above is true and correct | | | | | | | | | | | |
| Signed | |  | | | | | | Date | | |  | | |

Please attach sheet if necessary with additional details.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Incident Investigation Report[[2]](#footnote-3)** | | | | **Office Use Only** | | | |  |
| **Report No.:** | | | |  |
| **OHS Officer / assigned investigator** | | | | | | | | |
| First Name |  | | Surname | | |  | | |
| Position |  | | | | | | | |
| **Incident Details** | | | | | | | | |
|  | | | | | | | | |
| **What corrective action was identified?** | | | | | | | | |
|  | | | | | | | | |
| **Who is responsible for completing the corrective action?** | | | | | | | | |
|  | | | | | | | | |
| **Target completion or review date** | | **Date corrective action completed** | | | | | | |
|  | |  | | | | | | |
| **Declaration** | | I hereby declare the information provided above is true and correct | | | | | | |
| Signed | |  | | | Date | |  | |

Please attach sheet if necessary with additional details.

1. Adapted from the *Incident / hazard Report Form*, Australian Christian Services, July 2002 and the *Incident Report Form*, Anglican Diocese of Canberra & Goulburn, 2005. [↑](#footnote-ref-2)
2. Adapted from the *Incident / hazard Report Form*, Australian Christian Services, July 2002. [↑](#footnote-ref-3)