|  |  |  |
| --- | --- | --- |
| **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)