

INCIDENT REPORT - INJURY

INCIDENT SUMMARY

Originator:
Incident Name:
Date Occurred:
Site:
Shift Start:

Job Number:
Time Occurred:

REPORTED BY
Surname:
First Name:
Supervisor:

Actual Severity:	First Aid	Medical Treatment	Lost Time	Fatality
	First Aid	Minor injury requiring immediate temporary treatment or checks (i.e. up to Steri-Strips, this may include treatment from a medical practitioner)		
	Medical Treatment	Treatment received by professional requiring stitches, surgery or admission to hospital		
	Lost Time	Unable to return to work on the next shift scheduled for this employee		
	Fatality	Injury resulting in loss of human life		

Potential Severity:	Low	Medium	High	Catastrophic
	Low	First aid treatment		
	Medium	Moderate injury requiring medical treatment or hospital treatment less than 24 hours		
	High	Serious injury fractures loss of consciousness admitted to hospital 24hrs+, burns referred to specialist, finger/toe partial or full loss		
	Catastrophic	Multiple fatalities, fatality, major injury loss of limb, blindness, electrocution, exposure, permanent disabling physical effects		

Injury:	Amputation	Fracture	Toxic Effects
	Bruise / Contusion	Internal Injury	Deafness
	Burn	Multiple Injuries	Cancers & other Neoplasms
	Dislocation	Open Wound	Disease of Respiratory System
	Environmental Effects	Sprain / Strain	Other
	Foreign Body	Superficial Injury	

Injury Location:	Abdomen	Groin	Elbox	Knee	Lower Leg
	Back	Head	Eye	Leg	Neck
	Ears	Internal Organs	Foot	Shoulder	Multiple Locations
	Face	Arm	Hand	Wrist	Unspecified

Mechanism of Incident:	Contact with electricity	Manual Handling	Exposure to Biological Hazards
	Exposure to cold	Other	Exposure to Mental Stress
	Exposure to heat	Other Muscular Stress	Entrapment
	Exposure to noise	Repetitive movement	Vehicle Accident
	Exposure to pressure	Strike Against	
	Fall at same level	Struck by/against	
	Fall from height	Exposure to vibration	
	Chemical Exposure	Exposure to Radiation	

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Agency of Incident:	Machinery/fixed Plant	Non-powered equipment/tools	Unspecified
	Mobile Plant	Hazardous substances	Other
	Road transport	Other materials/substances	Underground Environment
	Other transport	Outdoor environment	Human Agencies
	Powered equipment/tools	Internal vessel condition	Biological Agencies
	Hydrojet equipment	PPE	

Asset Number:

Location:

Management Notified:

Yes

No

Details:

Procedure Followed:

WITNESSES:

Witness 1

Witness 2

Witness 3

Witness 4

Authorities Notified:

Police

Fire

Ambulance

EPA/DECC

Workcover

Date Notified:

Time Notified:

Who Notified:

Advice Received:

Client Notified:

Yes

No

Who:

CORRECTIVE ACTION

Classification:	Training	Documentation	Supervision	Malfunction	Environment	Process
	Training	— Inadequate training or awareness of responsibility				
	Documentation	— Inadequate documentation				
	Supervision	— Inadequate supervision / QA				
	Malfunction	— Equipment malfunction				
	Environment	— Unsuitable work environment				
	Process	— Process / System failure				
Solution:						
Employee: Due Date:						