

New Horizon Brace & Limb Service

Description of Persons Involved in Incident					
New Horizon BLS Client (Person receiving treatment)		New Horizon BLS Staff		Carer/Public/Other Medical Professional	
Part 1.		Incident Classification		Incident Number	
		Choose Box (You may need to cross more than one box)		Taken from Incident Management Register	
Medical Treatment Injury		Mobile Workshop Incident		environmental Incident	
Lost Time Injury		Facility/ Property Damage		Security Incident	
First Aid Injury		Any Public Liability		Hazard Observation	
Near Miss Incident		Production Loss		Other	

Part 2.		Accident/Incident/Near Miss	
Date:		Time:	
Location:			
Number of Person Involved in Incident:			
Injury(s) – Nature of Injury:			
Medical Treatment Given:			
Ambulance:	Yes	No	Offered but refused

Part 3.	Accident/Incident/Near Miss
In your own words, describe what happened:	

Please tick the below if the person has been informed of Incident:

New Horizon BLS management	<input type="checkbox"/>	New Horizon Staff	<input type="checkbox"/>	NDIS Commissioner	<input type="checkbox"/>
NDIS Area Co-ordinator	<input type="checkbox"/>	Clients Family	<input type="checkbox"/>	Police	<input type="checkbox"/>

Declaration
I declare the information I have provided to be true and correct.
Signature: _____ Date: _____

Further Investigation Required? Yes ☐ No ☒ Level 1 ☐ 2 ☐ 3 ☐

New Horizon BLS management Signature _____