



INCIDENT REPORT FORM

PART A - DETAILS OF INCIDENT

DATE OF INCIDENT REPORTED BY

TIME OF INCIDENT AM/PM LOCATION OF INCIDENT

TASK/ACTIVITY AT THE TIME OF INCIDENT

PLANT & EQUIPMENT INVOLVED (IF RELEVANT)

WITNESSES (IF RELEVANT)

NAME CONTACT NUMBER

NAME CONTACT NUMBER

PART B- DETAILS OF INJURED PERSON (IF RELEVANT)

NAME AGE

BODY PART/S AFFECTED BY THE INCIDENT

DETAILS OF FIRST AID/MEDICAL TREATMENT PROVIDED

TREATING PERSONS SIGNATURE

DATE

WAS THE INCIDENT SITE PROPERLY SECURED YES/NO

WAS THE INCIDENT SITE INSPECTED AFTER THE INCIDENT YES/NO

WILL AN INCIDENT INVESTIGATION BE CONDUCTED YES/NO

INVESTIGATION TO BE CONDUCTED BY DATE

PART C - CONTRIBUTING FACTORS

INDICATE WHETHER ANY OF THE FOLLOWING COULD HAVE CONTRIBUTED TO CAUSING THE INCIDENT

- | | | | |
|---|--------------------------|---|--------------------------|
| DESIGN OR CONSTRUCTION OF EQUIPMENT, PROPS, FURNITURE ETC | <input type="checkbox"/> | UNSAFE WORK PRACTICES | <input type="checkbox"/> |
| USE OF EQUIPMENT, PROPS, FURNITURE ETC | <input type="checkbox"/> | PERSONAL PROTECTIVE EQUIPMENT NOT BEING WORN | <input type="checkbox"/> |
| WORKING ENVIRONMENT | <input type="checkbox"/> | PERSONAL PROTECTIVE EQUIPMENT NOT WORN PROPERLY | <input type="checkbox"/> |
| LOCATION OF EQUIPMENT, PROPS, FURNITURE ETC | <input type="checkbox"/> | | |
| TASK NOT MANAGED PROPERLY | <input type="checkbox"/> | | |
| BEHAVIOUR OF WORKERS | <input type="checkbox"/> | | |
| BEHAVIOUR OF CLIENTS | <input type="checkbox"/> | | |