



**Incident / injury report form**

Please print clearly and tick the correct box

Status:  Employee  Contractor  Other

Outcome:  Near miss  Injury

**1. DETAILS OF INJURED PERSON**

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_ Sex:  M  F

\_\_\_\_\_ Date of birth: \_\_\_\_\_

\_\_\_\_\_ Position: \_\_\_\_\_

Experience in the job: \_\_\_\_\_ (years/months)

Start time: \_\_\_\_\_  am  pm

Work arrangement:  Casual  Full-time  Part-time  Other

**2. DETAILS OF INCIDENT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Describe what happened and how: \_\_\_\_\_

\_\_\_\_\_

**3. DETAILS OF WITNESSES**

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**4. DETAILS OF INJURY**

Nature of injury (eg burn, cut, sprain) \_\_\_\_\_

Cause of injury (eg fall, grabbed by person) \_\_\_\_\_

Location on body (eg back, left forearm) \_\_\_\_\_

Agency (eg lounge chair, another person, hot water) \_\_\_\_\_

**5. TREATMENT ADMINISTERED**

First Aid given  Yes  No

First Aider name: \_\_\_\_\_

Treatment: \_\_\_\_\_

Referred to: \_\_\_\_\_

# Injury Report Sheets A4 (10)

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