



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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