

APPENDIX 22.8

INCIDENT RECORD FORM

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Details of Injured / Involved Person:									
Name:									
Surname:		Given Name/s:		Sex:	<input type="checkbox"/> M	<input type="checkbox"/> F			
Address:									
No.		Street:		Suburb:		Postcode:			
Contact No:				Email:					
Details of Employer / Contractor:									
Business Name:									
Address:									
No.		Street:		Suburb:		Postcode:			
Contact No:			Contact Name:			Email:			
Incident Details:									
Date of Incident:				Time of Incident:					
Task / operation undertaken at time of incident:									
Physical location where incident occurred (area):									
Nature of incident:									
<input type="checkbox"/> Property damage			<input type="checkbox"/> Personal injury			<input type="checkbox"/> Environmental damage		<input type="checkbox"/> Nil – near miss.	
Type of injury / Outcome of incident (eg. bruise, cut, fracture, spill, release)									
Part of body injured / Environmental damage caused (eg. arm, torso, head, contamination of waterway)									
Cause of incident (what happened?)									
Treatment Given / Remedial Action Taken									
Did the person cease work?				<input type="checkbox"/> Yes <input type="checkbox"/> No			Estimated time lost:		day/s
Person Completing this Form:									
Name:				Date:		Signature:			