

# APPENDIX 22.8

## INCIDENT RECORD FORM

**INCIDENT RECORD FORM**

<b>Details of Injured / Involved Person:</b>										
Name:										
Surname:			Given Name/s:				Sex:		<input type="checkbox"/> M	<input type="checkbox"/> F
Address:										
No.	Street:			Suburb:		Postcode:				
Contact No:				Email:						
<b>Details of Employer / Contractor:</b>										
Business Name:										
Address:										
No.	Street:			Suburb:		Postcode:				
Contact No:			Contact Name:		Email:					
<b>Incident Details:</b>										
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		
<b>Person Completing this Form:</b>										
Name:			Date:		Signature:					