

INCIDENT / INJURY REPORT

To be completed for ALL incidents, injuries, accidents and near misses.

Status:			
1. Details of injured person:			
Surname:			
First Name:			
Address:			
Date of Birth:		Sex:	
Home Phone:		Work Phone:	
1st Language:			
Experience in job:			
2. Details of witnesses:			
A.	Surname:		
	First Name:		
	Home Phone:	Work Phone:	
B.	Surname:		
	First Name:		
	Home Phone:	Work Phone:	
3. Details of incident or accident:			
Date of Injury:		Time:	
Activity engaged in:			
Location of incident / accident:			

Describe how and what happened

(Please give full details & include a diagram, if appropriate. Use a separate sheet if necessary. Please include car registration number if reporting a Motor Vehicle Accident):

4. Details of injury (the assistance of a supervisor may be required to complete this section)

Nature of injury / illness (e.g. burn, sprain, cut etc...):

How (e.g. fall, grabbed by person, muscular stress):

Location on body (e.g. back, right thumb, left arm etc...):

What (e.g. furniture, another person, hot water):

5. Treatment administered:

First Aid Administered:

Treatment:

Referred to:

First Aid Attendant (Print Name):

Signature:

Sample