

Incident Report Form

This form is to be completed by the employee and forwarded to Careerlink as soon as practicable after the incident / accident / near miss.

This is a report for: <input type="checkbox"/> Accident <input type="checkbox"/> Incident <input type="checkbox"/> Near miss	
YOUR PERSONAL DETAILS	
Surname: _____	First Name: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____
Address: _____	
Home Phone: _____	Mobile: _____
CLIENT DETAILS – On Hire placement details (where were you working)	
Client Name: _____	
Client Address: _____	
_____	Phone No: _____
Supervisor Name: _____	
ACCIDENT / INCIDENT / NEAR MISS DETAILS	
Date Occurred: _____ / _____ / _____	Time: _____ am / pm
Date Reported: _____ / _____ / _____	Did you cease work: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reported to: _____	
If yes, date & time ceased work: _____	Time: _____ am / pm
Have you returned to work: <input type="checkbox"/> Yes <input type="checkbox"/> No N / A	
If yes, date & time returned to work: _____	
Time: _____ am / pm	
Name of Witness: _____	
Contact details of Witness: _____	
Did the accident / incident / near miss happened, whilst:	
a) working, usual workplace	<input type="checkbox"/> Yes <input type="checkbox"/> No - where
b) travelling to or from work	<input type="checkbox"/> Yes <input type="checkbox"/> No - where
c) on an authorised break	<input type="checkbox"/> Yes <input type="checkbox"/> No - where
d) working elsewhere	<input type="checkbox"/> Yes <input type="checkbox"/> No - where
What happened?	What were you doing at the time, what led up to the accident / incident / near miss, what caused the accident / incident / near miss?

Where exactly did it happen? _____	
What caused it to happen? _____	
What injury occurred (or could occur)? _____	
Has it happened before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and provide details:	
How could it have been prevented, by a ?	
a) Change to induction	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Change to training	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Change to equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Change to work procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Change to work environment	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Other (please detail)	<input type="checkbox"/> Yes <input type="checkbox"/> No
DECLARATION	
I _____ declare that the information I have provided is correct to the best of my knowledge. I understand it is an offence to give false or misleading information.	
Signed: _____ Dated: _____ / _____ / _____	
OFFICE USE ONLY	
CORRECTIVE ACTION TAKEN BY EMPLOYER / ON HIRE COMPANY:	
What: _____	
By Whom:	By When:
Entered into FastTrack Y / N by -	
Entered into Incident Register Y / N by -	
Issue discussed with client Y / N Outcome ?	
Follow up required ?	