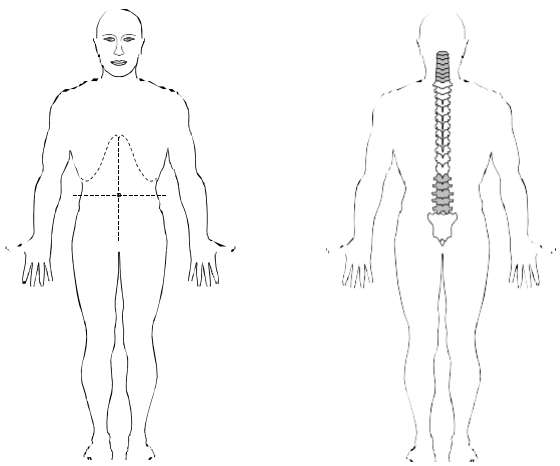
# Incident Report Form

| PERSONAL INFORMATION | | | | | | | |
|---|---|---|---|---|---|---|---|
| Name: | | Department: | | | | | |
| Address: | | State: | | Postcode: | | | |
| Date of Birth: | | Age: | | Male | Female | | |
| Home Phone: | ( ) | Work Phone: | ( ) | Mobile: | | | |
| Emergency Contact Name: | | Emergency Contact Number: | | | | | |

| EMPLOYMENT INFORMATION | | | |
|---|---|---|---|
| Employment Status: ☐ SZ Employee ☐ Contractor ☐ Visitor | | | |
| Position: | | Manager: | |
| Company: | | Contact Number: | |

| INCIDENT DETAILS | | | | | |
|---|---|---|---|---|---|
| Date: | | Time: | | Location: | |
| Injury / Hazard Description: | | | | | |
| Description of the Incident (what happened): | | | | | |
| | | | | | |
| **IF AN INJURY WAS SUSTAINED, COMPLETE THE INJURY DETAILS SECTION. IF NOT, SKIP TO THE WHS INFORMATION** | | | | | |

| INJURY DETAILS | | | |
|---|---|---|---|
| Injury / Illness Type: | | Cause (eg. Slip / Trip): | |
|  | | **On the diagram, please indicate with a cross ( X ) the location of the injury** | |
| | | Treatment Provided: | |
| | | | |

| | |
|---|---|
| Name and Contract # of person providing First Aid: | |

Patient After Care: (Tick appropriate response)

Returned to work ☐ Left in Ambulance ☐ Went home ☐ Taken to hospital ☐ Taken to the Doctor ☐
Other:

| | | | |
|---|---|---|---|
| Ambulance Station and Number: | | Hospital Transported to: | |

## WHS INFORMATION

In the case of a near miss, what action can be taken to prevent this incident occurring again:

| | | | |
|---|---|---|---|
| Person Escalated to: | | Position: | |

## DEBRIEF

| | | | |
|---|---|---|---|
| Was an Ambulance called? | Yes ☐ No ☐ | Who called the Ambulance? | |
| Was SZ Security notified? | Yes ☐ No ☐ | Who called the SZ Security? | |
| Did they follow instructions as per SZ Emergency Signage? | Yes ☐ No ☐ | Was SZ Emergency Signage displayed nearby? | Yes ☐ No ☐ |

Other Comments:

## SIGN OFF

| | | | | | |
|---|---|---|---|---|---|
| Injured Person Name: | | Signature: | | Date: | |
| Manager: | | Signature: | | Date: | |
| WHS Representative: | | Signature: | | Date: | |