



INCIDENT & INJURY REPORTING FORM

This Form should be completed as accurately and thoroughly as possible, at the time of the incident or injury, or as soon as practicable thereafter and be submitted in accordance with the WHS Hazard and WHS Incident Reporting Procedure.

DETAILS OF INJURED PERSON

Surname: _____ Given name: _____

D.O.B.: _____ Mobile phone #: _____

Work e-mail address: _____

Job title: _____ Work location: _____

SUSF club (if applicable): _____

DETAILS OF INCIDENT

Incident or near miss? _____

Location of incident: _____

Date and time of incident: _____

Detailed description of incident: _____

Description of injury (Specify body part and type of injury): _____

Witnesses to incident (Specify names and job titles, if known): _____

Was first aid rendered? If so, by whom? Give details: _____

Was emergency services called? Yes/No

Time called: _____ Time arrived: _____ Call made by: _____

Ambulance? Yes/No Fire? Yes/No Police? Yes/No

Follow up medical attention required? If so, specify details and medical professional to be seen: _____

Manager called/informed? If so, specify manager's name and date/time informed of the incident: _____

Signed: _____ Date: _____

(Person reporting the incident/injury)