

INCIDENT AND INJURY REPORT FORM

Personal Details of Employee/Contractor/Visitor

Surname					Given Name				
Address									
Suburb						Post Code			
Date of Birth	/	/	Sex	M / F	Employment Status	Employee/ Contractor / Visitor			
Job Title						Phone			
Manager									

Details of Injury/Incident

Date of Injury	/ /		Time	:	am/pm
Date Reported	/ /		Time Reported	:	am/pm
Was the incident reported?	YES / NO	To whom?			
Where did injury/incident occur?					
Activity engaged in at time of injury					
Cause of Injury					
Injury Sustained					
Parts of Body Injured					
Were there witnesses to the accident?	Yes / No	Name of Witness			

Response to Injury

Did First Aid Officer attend?	Yes/ No	Name of First Aid Officer		
First Aid Treatment				
Did you attend a doctor?	Yes /No	Name of Doctor		
Doctor's address				
Doctor's phone no.				

Corrective Action Taken – Immediate

Open the door to innovative and integrated HR solutions

Suite 3/346 Ferntree Gully Road
 Notting Hill Victoria 3168

MEMBER AHRI/RCSA

Phone (03) 9544 1899
 Fax (03) 9544 7739
 E-mail info@accesshr.com.au
www.accesshr.com.au

