



INCIDENT / ACCIDENT REPORT FORM

(to be completed by the Injured Person in conjunction with Investigating Officer within 24 hours of incident)

Personal Details					
Name of Injured Person					
Date of Birth		Male Female			
Position	□ Staff member □ Visitor □ Contractor	r 🗌 Customer			
Address (if not staff member)					
Incident Details					
Date and Time of Incident	/ /	: am/pm			
Exact Location of Incident					
Nature of Incident	🗆 Near Miss 🔲 First Aid 🔲 Medical Attent	ion (Dr Name)			
What first aid was given on site?					
Was time lost as a result of the incident?	(excluding time for first aid)) Yes (Unable to Return to Work)			
Who attended to the incident?		First Aid Officer? 🗌 Yes 🗌 No			
Nature of Injury					
Nature of injury	(eg fracture, burn, sprain, foreign body in eye)				
Part of Body affected					
How did the injury occur?	(describe the incident)				





Investigation					
Who was the incident reported to?	Investigating Officer		Duty M	lanager? 🗌 Ye	s 🗌 No
Name of Witness (s) (include contact details if not staff)	Name	Phone	Address		
Details of activity at time of incident (Confirm whether or not this activity forms part of person's usual duties)					
Were there any contributing factors to the incident	(eg. Unforeseen hazard,	PPE not worn, faulty equipm	nent, training etc)		
Details of any damage occurring to property or equipment					
Details of immediate steps taken to eliminate further risk / stabilise situation					
Further Reports Required	CEO	U WHS Committee	Return to Work SA (Claims Agent)	🔲 Safe W	ork SA
Date Sent					
Signature (Injured Person)			Date:		
Signature (Investigating Officer)			Date:		





Risk Assessment (to be completed by WHS Committee)				
Date of WHS Committee Meeting				
Investigation complete/adequate?	☐ Yes	🗌 No	Further Action Requi	red
If further action required, list action to be taken	Action			By Who
Result of investigation				

RISK MATRIX	RISK SEVERITY / CONSEQUENCE				
LIKELIHOOD	FATALITY may cause one or more fatalities	CRITICAL may cause severe injury, > 2 weeks lost time	MAJOR injury resulting in at least one day lost time	MINOR medical treatment injury, return to work	NEGLIGIBLE first aid treatment, no lost time
VERY LIKELY exposure happens frequently	Extreme	Extreme	High	Medium	Medium
LIKELY exposure but not frequently	Extreme	High Medium		Low	Low
UNLIKELY exposure could happen but only rarely	High	Medium	Low	Low	Low
VERY UNLIKELY exposure could happen but probably never will	Medium	Medium	Low	Very Low	Very Low





Details of action to be taken				
WHS Committee endorsement	Date:			
To be reviewed by	UWHS Committee	Southern Committee	SRASA Board	Other (please list)
Date of next meeting				
Final Outcome				