Injury or Dangerous Occurrence - REPORT

THE INJURED/SICK PERSON					
Date of injury/illness	M T W T F S S		Home address		
Surname					
First name					
Date of birth			Country of birth		
Job title			Department and duties		
Employee?	☐ Yes	☐ No			
TYPE OF INJURY					
☐ Strain/sprain	☐ Bruising	☐ Scratch/ abrasion	☐ Dislocation	Injured part of body	
☐ Fracture	☐ Foreign body	☐ Chemical/reaction	☐ Burn scald		
☐ Laceration/cut	☐ Amputation	☐ Internal	☐ Other (specify)		
TYPE OF ILLNESS (as per medical certificate)					

DANGEROUS OCCURRENCE			
Date of occurrence	M T W T F S S	Time of occurrence	
Location of occurrence			
Description of occurrence			

PREMISES/PLANT OR SUBSTANCES INVOLVED	
Details of any particular chemical, product, process or equipment involved (be specific –include brand name, model, licence number, etc.)	

OUTCOMES AND WITNESSES		
Did the injured person stop work or normal duties?	☐ Yes	☐ No
Date the person stopped work or normal duties		
Is the person expected to return to work?	☐ Yes	☐ No
What is the estimated return date?		
Is the person likely to resume normal duties on return to work?	☐ Yes	☐ No
Is it likely that the person will need a rehabilitation plan?	☐ Yes	☐ No
Has a rehabilitation plan been drawn up?	☐ Yes	☐ No
Were there witnesses to the injury or dangerous occurrence?	☐ Yes	☐ No

Name of witness		Phone/Address	
Name of witness		Phone/Address	

Illness, Injury or Dangerous Occurrence - PREVENTION

THE ACCIDENT (illness, injury or dangerous occurrence)			
Describe			
Is this accident "notifiable" to government?		☐ Yes	☐ No
Date of accident		Time of accident	
Date accident reported		Time accident reported	
Person who reported the accident			
Person to whom the accident was reported			
People involved in the accident			

THE CHAIN OF EVENTS
The chain of events in the accident (work backwards from the accident by asking why each event happened)

RECOMMENDATIONS/ACTIONS			
What can be done to prevent similar accidents or otherwise improve OH&S? List recommendations for management to consider - Tick items already actioned	Done	By Whom	By When

HOW BAD COULD IT HAVE BEEN?	WHAT IS THE CHANCE OF IT HAPPENING AGAIN?
☐ Very serious ☐ Serious ☐ Minor	☐ Frequent ☐ Occasional ☐ Rare

Accident investigated by:	Position:	Date:

If this is a notifiable accident, have WorkCover been advised?	YES	NO

This form to be circulated to key parties within 48 hours of starting