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| **ACCIDENT & INCIDENT REPORT** |

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| **Lodged by** |  | | | | | | **Date Lodged** | | |  | | | |
| *N.B. Notifiable incidents must be reported to the Division of Workplace Health and Safety using the “Queensland Government – INCIDENT NOTIFICATION FORM – FORM 3”* | | | | | | | | | | | | | |
| **Name of Injured Person (if applicable)** | | | | |  | | | | | | | | |
| **Date of Incident** | | |  | | **Location of Incident** | | | | |  | | | |
| **Time of Incident** | | |  | | **Position of Person Reported to** | | | | |  | | | |
| **Nature of Accident, Incident or Near Miss and details of injuries sustained** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Witness Name** | | | | **Position** | | | | | **Phone** | | | | |
|  | | | |  | | | | |  | | | | |
| **If an injury has been sustained please give a full and accurate description of the injury and the evident results of that injury. Complete the diagram and circle the injuries on page 2 of this form.** | | | | | | | | | | | | | |
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| **Describe any damage to property such as vehicles, plant and equipment or buildings** | | | | | | | | | | | | | |
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| **Describe the potential impacts the incident is likely to have** | | | | | | | | | | | | | |
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| **Immediate Action Taken (Including First Aid)** | | | | | | | | | | | | | |
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| **Further Action Taken (Prevention Measures for Future Accident/Incident)** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Please circle the area/location the injury/complaint has occurred** | | | | | | | | | | | | | |
| **Signature of Injured Person**  *(If Possible)* | | | |  | | | | | **Date** | |  | | |
| **Signature of Person Lodging Report** | | | |  | | | | | **Date** | |  | | |
| **Person Reported to** | |  | | | | **Signature** | |  | | | | **Date** |  |
| **Line Manager** | |  | | | | **Signature** | |  | | | | **Date** |  |
|  | | | | | | | | | | | | | |
| *For Completion by WHSO only. Incident Number (YYNNN): ……………………………………….*  *Date Received: …………………………………………………. Signature: …………………………………………………………………*  *WHSO Comments:* | | | | | | | | | | | | | |