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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** |
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| **Witness Name** | **Position** | **Phone** |
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| **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)** |
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| **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:* |