Incident Report Form

Section 1 –Details of Injured Person			
Full Name:			
Contact Tel:		**Mobile:**	
Address:			
Email:			

Section 2 – Details of Incident			
Date of Incident:		**Time:**	___ ___ :___ ___ am/pm
Location of Incident:			
Reported to:		**Position Title:**	

Description of incident: (What and how the incident occurred. Include if Emergency Services called)

Section 3 – Details of Injury and Treatment

Description of injury:

Treatment Provided:

☐ None Required

☐ First Aid (please describe)

……

…..

……

…..

☐ Taken to Doctors Surgery (provide detail)

……

……

…….

☐ Taken to Hospital (provide detail)

……

……

…….

☐ Ambulance called and attended

Further Treatment Recommended:

Incident Report Form

☐ None

☐ Other (please describe e.g counselling)

Section 4 – Witnesses to Incident			
The following persons witnessed the incident:			
Name 1:		**Contact:**	
Address:			
Signature 1:		**Date:**	/ /
Name 2:		**Contact:**	
Address:			
Signature 2:		**Date:**	/ /

Section 5 – Signatures			
Supervisor :			
Signed:		**Position:**	
Print Name:		**Date:**	
First Aider :			
Signed:		**Position:**	
Print Name:		**Date:**	
CEO:			
Signed:		**Position:**	
Print Name:		**Date:**	

Admin Use Only				
Reported to Insurer :	☐ Yes	☐ No	**Date:**	/ /
Reported By:			**Signature:**	
Reported to Worksafe SA:	☐ Yes	☐ No	**Date:**	/ /
Reported By:			**Signature:**	
Incident Report filed			**Signature:**	