

Register of Injury / Incident / Hazard & Investigation Form

<input type="checkbox"/> Accident/Injury	<input type="checkbox"/> Incident	<input type="checkbox"/> Hazard	<input type="checkbox"/> Near Miss
PART A – INCIDENT DETAILS			
Employee Name:		Workplace /Site:	
Date of Birth:		Occupation:	
Date of Incident: / / Time:		Date reported: / / Time:	
Shift: <input type="checkbox"/> Day <input type="checkbox"/> Afternoon <input type="checkbox"/> Night		Time shift started:	
Task being performed:			
Location where accident occurred (e.g. warehouse, office, ward):			
What happened? (e.g. slipped on wet floor whilst cleaning):			
Witnesses name:			
Position within company:			
Witness contact number:			

PART B - EMPLOYMENT DETAILS	
Basis of Employment: <input type="checkbox"/> Permanent Employee <input type="checkbox"/> Casual Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor	
How long at this job? Years:	Months:
Average No. of hours/days per week worked (e.g. 12 hrs/4 days):	

Part C - INJURY DETAILS		
Nature of injury (e.g. cut, bruising, sprain):		
Body location of injury (e.g. shoulder, back):		
<i>Injury Treatment</i>	<input type="checkbox"/> No treatment	Treatment Provided By: Details:- Details:-
	<input type="checkbox"/> First Aid	
	<input type="checkbox"/> Doctor	
	<input type="checkbox"/> Hospital	
Is this a lost time injury?		
Is a Workers Compensation Claim being made?		

Part D – ACKNOWLEDGMENT OF INJURY / DATE OF ENTRY (print and sign below)		
Employee	Signature	Date
Employer	Signature	Date
Host Employer (if applicable)	Signature	Date

Part E – ACCIDENT / INCIDENT INVESTIGATION (to be completed for all reported incidents)**Contributing Factors to Consider**

Person	Y	N	NA	Environment	Y	N	NA
Aware of the hazard				Adequate temperature conditions			
Suitable for the task				Adequate lighting			
Experienced at the task				Adequate working space			
Familiar with the work area				Clear floor and walkways			
Inducted to the site / task				Adequate housekeeping			
Using appropriate PPE				Safe noise level			

Job/Task	Y	N	NA	Equipment	Y	N	NA
Was training provided				Correct equipment used			
Supervision provided				Equipment in correct location			
Job Analysis performed				Equipment guarded			
Work procedures available				Preventative maintenance complete			
Task not modified / changed				Equipment working properly			
PPE provided				Equipment had not been modified			
Other contributing factors?							

Part F – RECOMMENDATIONS**Can the risk be eliminated?** (select Y or N)

Y

N

Why or How:

Can equipment or materials be substituted? (select Y or N)

Y

N

Why or How:

Can engineering solutions be adopted? (select Y or N)

Y

N

Why or How:

Can administrative controls be developed (select Y or N)

Y

N

Why or How:

Is PPE required? (select Y or N)

Y

N

Type:

PART G - ACTION PLAN**Recommended Actions****Implementation
Date****Responsibility**

Part H – COMPLETION / SIGNATURES (print and sign below)

Employee	Signature	Date
Employer	Signature	Date
Host Employer (if applicable)	Signature	Date

Date: 14 Jun. 17