

INJURY INCIDENT REPORT



You will have view access to this document only. To fill in the form online- go to file, 'make a copy', and complete the details in the copy. Then change the share settings to include: your HR Rep, WHS Manager and Line Manager.

This form is to be used to report all injuries, illnesses, or near misses, whether an injury occurred or not, and to document the investigation into the accidents by the Workplace Health and Safety (WHS) representative involved.

Please complete within 24 hours of the accident. If the accident caused, or could have caused, serious injury or property damage, please contact the Human Resources Manager immediately.

SECTION A

TO BE COMPLETED BY PERSON INVOLVED (or by WHS representative if worker is incapacitated).

Title:		Surname:		First Name:	
Date of Birth:		Please highlight: MALE FEMALE			
Please highlight: STAFF VOLUNTEER CONTRACTOR VISITOR / OTHER					
Team:		Position:		Contact Phone Number:	

Details of the Injury

Please highlight:	INJURY	NEAR MISS
Date injury/incident/near miss occurred (dd/mm/yy):		
Time injury/incident/near miss occurred:		
Location where injury/incident occurred (please print):		

Part(s) Of The Body Affected (highlight appropriate boxes):

HEAD	TRUNK INTERNAL	ARM	HAND	LEG	FOOT
Eye	Kneck	Left	Left	Left	Left
Ear	Hip	Right	Right	Right	Right
Nose	Chest	Shoulder	Thumb	Knee	Great Toe
Mouth	Stomach	Upper Arm	Fingers	Lower Leg	Toes

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Teeth	Groin	Elbow	Palm	Ankle	
Face	Back	Forearm		Thigh	
Skull	Multiple	Wrist			
	Heart				
	Lungs				
Psychological					
Other (Describe):					

Nature of Injury (highlight appropriate boxes):

Abrasion	Puncture	Heart Attack	Sprain	Burn	Traumatic Shock
Bruise	Laceration	Hearing Loss	Strain	Scald	Electric Shock
Fracture	Amputation	Foreign Body	Hernia	Rash	Psychological
Concussion	Bite	Minor Cuts		Allergy	Chemica
Aggravation Of Previous Injury Or Medical Condition					
Other (Describe):					

Type Of Incident Which Caused Injury (highlight appropriate boxes)

Striking Against	Stumbling	Lifting	Pushing	Ingestion
Struck By	Slipping	Bending	Pulling	Absorption
Caught In	Tripping	Twisting	Jumping	Inhalation
Stepping On	Falling	Stress	Motor Vehicle	Needlestick
Other (Describe):				

Agency Of Injury / Illness / Near Miss (highlight appropriate box)

Vehicle	Buildings	Mobile Plant	Structure
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AMNESTY INTERNATIONAL



Power tools	Furniture	Other tools	Surfaces
Animal/Insect	Heat Stress	Materials	Sunburn
Biological agent	Chemicals	Equipment	Stress
Objects	Ionising Radiation		
Other (Describe):			

If reporting an incident or near miss, please describe how this occurred:

Were there any witnesses present during this injury/ near miss? If so, please list their name and contact details if available.

PLEASE SEND COMPLETED FORM TO YOUR LINE MANAGER AND THE WHS REPRESENTATIVE IN YOUR STATE FOR INVESTIGATION. Line Manager should also inform HR.

Signed by Person Involved:		Date:	
Signed by Line Manager:		Date:	

SECTION B

This is an extremely important section as the aim of the accident/incident investigation is to identify preventative action that will avoid recurrence of a similar accident.

Probable Cause Or Causes Of Injury/Incident (highlight appropriate boxes)

Inadequate Instruction	Fault Of Plant/Equipment	Poor Storage	Weather
Inadequate Workspace	Equipment Unavailable	Poor Access	Terrain
Assistance Unavailable	Lack Of Attention	Incorrect Method	Work Practices

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**AMNESTY
INTERNATIONAL**



Other (Describe):	
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Describe how the accident occurred:

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Prevention Of Accident/Incident Recurrence

Describe what action is planned or has been taken to prevent a recurrence of the accident, based on the key contributing factors.
Immediate:

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Long Term:

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SECTION C

WHS suggestions implement and signatures.

Signed by WHS Representative:		Date:	
Signed by HR:		Date:	