

OH&S Procedures
INCIDENT REPORT

This form should be completed by the person who is reporting, the incident and then handed to the Executive Officer without delay.

Date & Time of the incident?

Where did the incident occur?

Describe what happened as accurately as possible:

Was anyone injured in this incident ? YES NO

If do, what is their name?

What type of injury was suffered and to what part of their body?

What level of care was given? First Aid Medical

Did the injured person have to cease work? YES NO

Was any property damaged in the incident? YES NO

If so describe the nature of the damage

Have repairs/ replacements been requested? YES NO

Were there any witnesses to the incident? YES NO

If so what are their names

Name of person lodging this report

Signature

Date of Report

Response (Insert Details and date of remedial action)

Date remedial action confirmed effective

Executive Officer