

Incident Report Form

This form is to be completed by the injured worker and forwarded to V.I.P. Personnel as soon as practicable (e.g. Within 24 hours).

This is a report for:		<input type="checkbox"/> Accident	<input type="checkbox"/> Incident	<input type="checkbox"/> Near Miss
PERSONAL DETAILS				
Surname: _____		First Name: _____		
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth: _____	
Address: _____		Phone no: _____		
CLIENT DETAILS				
Client name: _____				
Client address: _____				
Phone no: _____				
Supervisors name: _____				
DETAILS				
Date Occurred: _____ / _____ / _____		Time: _____ am/pm		
Date reported: _____ / _____ / _____		Did you cease work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, date & time ceased work: _____		Time: _____ am/pm		
Have you returned to work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, date & time returned to work: _____		Time: _____ am/pm		
Name of witness: _____				
Did the accident/incident, near miss happen whilst:				
A working at the usual place		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
B traveling to or from work		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
C on an authorised break		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
D working elsewhere/other (If yes, please detail)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What happened? _____				

**PLEASE FORWARD THIS FORM TO V.I.P. PERSONNEL AS SOON AS PRACTICABLE
AFTER THE ACCIDENT/INCIDENT/NEAR MISS.**

Where did it happen? _____

How did it happen? _____

What injury occurred (or could have occurred)? _____

How could it have been prevented?

- | | | | |
|---|--------------------------------|------------------------------|-----------------------------|
| A | Change to induction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B | Change to training | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C | Change to equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D | Change to work procedure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E | Change to work environment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F | Other (please provide details) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

DECLARATION

I _____ declare that the information I have provided is correct to the best of my knowledge. I understand it is an offence to give false or misleading information.

Signed: _____ Dated: _____

CORRECTIVE ACTION TAKEN BY V.I.P. PERSONNEL

What _____

By whom? _____ By when: _____