Accident / Injury / Near Miss Report

- This form is to be completed by the person involved or **a representative as soon as possible** after the accident/ injury or near miss event.
- Your state safe work will require the completion of this form for all accidents, injuries and near misses.

Part A

(To be completed by the person involved in the accident/injury/near miss or a representative of that person)

Name:	Employee number
Position	Division
Work phone no.	Manager

Are you a:			
☐ Staff member	☐ Client	☐ Visitor	☐ Contractor
Other			

About the Incident

Date of incident	Time

Who was the incident reported to?	
Name	Position
Phone no.	Date/Time reported

When did the incident occur		
☐ During a break from work	☐ Journey to / from work	☐ During work time
☐ Overtime	☐ Other	

Where exactly did this incident happen (please be specific, include building, level, work area etc)

In your own words, please describe the incident:

What do you think caused the incident		
☐ Trip / Slip / Fall	☐ Lifting / Carrying	☐ Moving Object
☐ Body Stress	☐ Vehicle	☐ Objects / Hit
☐ Psychological	☐ Other	

Which part of your body was injured for example, back, neck or shoulder?(Please specify)

What was the nature of the injury?		
☐ No Injury Reported	☐ Fracture/Dislocation	☐ Sprain
☐ Inflamation	☐ Burn/Scald	☐ Cut/Bruising/Crushing
☐ Occupational Overuse	☐ Multiple injury (please specify)	
☐ Other (please specify)		

After the incident, what did you (or person representing you) do? (Please tick which applies)		
☐ Return to work	☐ Go to the doctor	☐ Receive counselling
☐ Go home	☐ Go to the hospital	
☐ Take Pain Releiver		
☐ Take Leave (Specify Time)		

Did you received First Aid?	☐ Yes	No

Signature	Date

Part B (to be completed by the manager involved in the accident/injury/near miss)

What immediate action/s have you taken to prevent further incidents?	
☐ Completed Notification of Injury Form	☐ Arranged Warning Signs
☐ Completed Occupational Hazard Report	☐ Issued a memo to staff
☐ Completed Risk Assessment	☐ Notified members of the OH&S Committee
☐ Developed Risk Control Strategies	

Name of Manager	Phone No.
Signature	Date

Part C (to be completed by to be completed by HR services officer)

Has the employee been contacted?	☐ Yes	☐ No	Date
Have the details been entered <database> ?	☐ Yes	☐ No	Report No.
Has the Accident Register been updated? <location>		☐ Yes	☐ No
Is an Accident Investigation required?	☐ Yes	☐ No	
If yes, when was it conducted?			
Has relevant authority been informed (if necessary)?	☐ Yes	☐ No	
If yes, date and name of person doing so?			