

Weeroona Association Inc.
Reference number:

Weeroona Association Inc.
Incident Report
use this form for minor injuries and incidents only
STRICTLY CONFIDENTIAL

To comply with legislation a record of all incidents (injuries, work caused illnesses and dangerous events/hazards etc) must be reported to a Co-ordinator/Facilitator by the end of a shift or working day. The incident report must be completed within 24 hours. **Where an injury requires medical attention or a serious incident (e.g. Abuse, serious accident) has occurred contact has to be made with Weeroona's senior staff immediately and recorded on the CRITICAL Incident Form .**
All information in relation to this report is to remain confidential.

Incident	Harm (abuse, assault, neglect)	Injury
Name of person completing the Report:.....		
Name of person/s who is/are identified in the Incident Report:.....		
Time & Date Reported:.....		

Time & date of incident.....

Type of incident :.....
.....

Location where incident occurred:.....

Part of body injured/harmed (if applicable).....

Injuries resulting from incident (if any):.....
.....

Action/s taken:.....
.....
.....

Loss of work time due to injury/harm: YES/NO..... Return to work: YES/NO.....

Witness/es:.....

Description of incident (what actually happened?) :

.....

.....

Your opinion of what caused the incident:.....
.....
.....

What are your recommendations to prevent it from re-occurring:.....
.....
.....

Signature:..... Date:.....

Weeroona Association Inc.
Incident Report (continued)

Name of person receiving the Report (Senior Staff – Manager/Co-ordinator/Facilitator):.....

Signature:..... Date:.....

Reported to the Division of Workplace Health & Safety: YES/NO Date:.....

Reported to Department of Child Safety: YES/NO Date:.....

Senior Staff's comments and recommendations:.....

Action taken

Date	by whom	Action
1.....
2.....
3.....

Senior Staff's signature:..... Date:.....

REVIEW

Hazard/Harm eliminated and/or controlled. Describe solution:

Date	by whom	Action
1.....
2.....
3.....

Future action required – specify:

Date	by whom	Action
1.....
2.....
3.....