

Use this form for minor injuries and incidents only	Register Number:
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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/Manager 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.****

Incident <input type="checkbox"/>	Injury <input type="checkbox"/>	Date & Time reported:
Name of person completing the report:		
Name of persons who are identified in this report:		
DETAILS OF INCIDENT		
Date: _____		Time: _____
Location: _____		
Type of incident (eg burn, cut, sprain): _____		
Part of body injured (eg back, left forearm): _____		
Injuries resulting from incident: _____		
Action taken: _____		
Loss of work time due to injury: <u>Yes/No</u>		Return to work: <u>Yes/No</u>
Witnesses: _____		
Description of incident (what actually happened?): _____		
Your opinion of what caused the incident: _____		
What are your recommendations to prevent it from reoccurring? _____		
Signature:		Date:

Name of person receiving the report: _____		
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: _____		
If further risk assessment is required complete the WHS Risk Assessment and Management Form.		
<u>Action Taken</u>		
Date	By Whom	Action
1		
2		
3		
Senior Staff signature: _____ Date: _____		

REVIEW

Hazard eliminated and/or controlled. Describe solution:

Date	By Whom	Action
1		
2		
3		

Future action required – specify

Date	By Whom	Action
1		
2		
3		