think RECRUITMENT

Accident Reporting Form and Investigation Report

INITIAL REPORT / INJURY REGISTER
TO BE COMPLETED BY PERSON INVOLVED AND BY THEIR SUPERVISOR
(OR BY SUPERVISOR OR HEALTH AND SAFETY REPRESENTATIVE IF WORKER IS INCAPACITATED)

Details of the person involved in the incident/near miss

Host Employer:

First Name: Last name (in full):

Address:

Post code:

Occupation:

Industry:

For identification purposes ☐ Male ☐ Female Date of birth: Age:

Details of the person reporting the incident/near miss

Report Date __________________ Report Time: __________________________ am/pm

First name (in full): ____

Last name: ____

Details of the Incident Where and How did it happen; Activity at the time; Describe the incident/near miss

Incident Date: __________________ Incident Time: __________________________ am/pm

Was the incident/near miss reported to the supervisor immediately: ☐ Yes ☐ No

Reported Date: __________________ Reported Time: __________________________ am/pm

Name of Supervisor: ____

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Witness Details

First Name: ____

Last Name ____

Contact Phone ____

Mechanism of injury/damage the action, exposure or object that is the direct cause of the injury/damage

- ☐ bite/sting
- ☐ caught in/on
- ☐ electrical incident
- ☐ contact/exposure
- ☐ explosion/fire
- ☐ other
- ☐ slip/trip/fall
- ☐ workplace stress/behaviour
- ☐ collapse/engulfment
- ☐ striking against/collision
- ☐ water/flooding
- ☐ failure/strain/breakage

Nature of the injury

- ☐ abrasion/bruise
- ☐ amputation
- ☐ concussion
- ☐ cut/laceration
- ☐ electric shock
- ☐ environmental exposure
- ☐ Inhalation
- ☐ exposure to hazardous material
- ☐ foreign body
- ☐ fracture/dislocation
- ☐ hearing loss
- ☐ infectious/parasitic diseases
- ☐ internal injury
- ☐ medical symptom
- ☐ multiple injuries
- ☐ poison/venom
- ☐ puncture/needle stick
- ☐ psychosocial/mental disorders
- ☐ scald/burn
- ☐ dermatitis/eczema/rash
- ☐ sprain/strain/swelling

Agency of the injury/damage the object, agent or circumstance that directly caused the injury/damage

- ☐ animals/insects
- ☐ asbestos/fibres
- ☐ biological
- ☐ buildings/structures
- ☐ chemical/radiation
- ☐ environmental/weather
- ☐ human/person
- ☐ maintenance system
- ☐ object
- ☐ other
- ☐ plant & equipment
- ☐ poor design/not fit for purpose
- ☐ psychosocial
- ☐ sharps
- ☐ surfaces/terrain
- ☐ temperature extremes
- ☐ tools (including powered tools)
- ☐ training system
- ☐ vehicle/transport/travel
- ☐ weight/bulk of object
- ☐ wilful act

Treatment

☐ Not required ☐ First Aider ☐ Health Service/Doctors ☐ Ambulance/Hospital

First aid Details

Name of First Aider:

Details of First Aid Treatment:

Hospital / Health Provider Details

Name

Contact Details (Phone, address)

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Part of the body injured

☐ eye
☐ ear
☐ face
☐ head
☐ neck
☐ hips
☐ chest /stomach
☐ groin
☐ back
☐ buttocks
☐ internal organs
☐ Lungs
☐ shoulder
☐ arm
☐ elbow
☐ wrist
☐ hands and fingers
☐ knee
☐ ankle
☐ leg
☐ feet/toes
☐ psychosocial

☐ left hand side ☐ right hand side

Damaged property, materials or equipment

Property/ material damaged	Nature of damage
	Object/substance inflicting damage

Was drug and alcohol testing carried out? ☐ Yes ☐ No

Details (attach D&A testing report even if negative)

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Ph 0428 695 473 Goulburn - PO Box 1257 GOULBURN NSW 2580
Fax 02 8456 6051 www.thinkrecruitment.com.au

General

Was all equipment involved maintained and in proper working order including safety “cut outs”? ☐ Yes ☐ No ☐ N/A

Details

Were there appropriate isolation procedures that were followed? (e.g. electrical) ☐ Yes ☐ No ☐ N/A

Details

Did all the people involved have current Workcover (or other) licences to operate equipment involved? ☐ Yes ☐ No ☐ N/A

Details

Was the person wearing appropriate PPE at the time of the incident? ☐ Yes ☐ No ☐ N/A

Details

Was the person using appropriate safety equipment (e.g. harness)? ☐Yes ☐ No ☐ N/A

Details

General cont.

Was all equipment involved maintained and in proper working order including safety “cut offs”? ☐ Yes ☐ No ☐ N/A

Details

Was the person using the appropriate tools or equipment for the task? ☐ Yes ☐ No ☐ N/A

Details

Did the person breach any OH&S rules or policies? ☐ Yes ☐ No ☐ N/A

Details

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INVESTIGATION

TO BE COMPLETED BY A REPRESENTATIVE OF THINK RECRUITMENT OR THE HOST COMPANY

Details of the person investigating the incident/near miss

Employer: ____

First name ____

Last name: ____

Date of investigation ______________________ Time: ______________________ am/pm

If there was a delay in reporting the incident/near miss, why was there a delay? ☐ No delay

What training was provided for the person involved prior to the incident/near miss:

☐ Induction ☐ Task Specific ☐ SWMS ☐ No training

Details – was training adequate?

Were MSDS sheets available?	☐ Yes	☐ No	☐ N/A
Was First Aid kit stocked properly?	☐ Yes	☐ No	☐ N/A
Was fire fighting equipment working?	☐ Yes	☐ No	☐ N/A

Rehabilitation

Will time off work be required to rehabilitate? ☐ Yes ☐ No ☐ Unsure