

Incident Report

Community Group:	
Document type:	Form
Reference:	
Incident number:	

Date of incident: _____ **Time:** _____

Exact location/address of incident: _____

What happened? Describe the incident and any injury sustained (including bodily location)

Why do you think the incident happened? (What factors led to the incident?)

What could be done to prevent this type of incident happening again?

Who was involved in the incident (what is the person's name) and what is their job title or occupation?

If under 18 years of age – Details of Parent or Guardian

Full name of Parent or Guardian: _____

Address: _____

Phone: _____ Signature: _____

Incident reported by: _____ **Signature:** _____

Position (if employee): _____ **Date:** _____

Incident investigation

Complete this in conjunction with your Supervisor or the OHS Officer within 24 hours of the incident

Who did the incident involve?

Employee Contractor Public Volunteer

Did the incident occur on or involve Council property? Yes No

Photos taken? Yes No

Where did the incident occur?

Office Public hall Swimming pool Depot
Road Public space Library Kindergarten
Other: _____

How did the incident occur?

Struck by Struck against Exposure Caught on
Slip/Trip/Fall Overexertion Contacted by Contact with
Caught between Trapped in Other: _____

What type of incident was it?

Safety Health Fire Storm/flood
Liability Environment Theft/burglary Plant/truck
Motor vehicle (car/ute) Rego: _____ Other: _____

What was the injury severity? Nil/close call First Aid Medical

WorkCover claim? Yes No

What was the extent of property damage?

Nil/close call Minor (below excess) Substantial (insurance claim)

What was the loss potential? Low Medium High

(Definitions: **Low** – Nil injury or minor first aid, nil or little financial loss; **Medium** – injury requiring medical treatment and lost time, some financial loss; **High** – death or serious injury, large financial loss)

Were there any witnesses? Yes No If so, please provide contact details:

Is this an incident that must be reported to the Victorian WorkCover Authority? (see OHS Act Part 5)

Yes No

Agreed control measure(s):

(to be filled out by Supervisor/OHS Officer in conjunction with person reporting incident)

Person completing this form:

Supervisor or OHS Officer:

Signature:

Signature:

Office use only:

Incident number:

Agreed Control Measure:

OHS Committee Meeting: / /

Letter: / /

CARS #

