Venue – Incident Notification and Report Form

**Incident Type**

🞏 Injury/ Illness 🞏 Near Miss 🞏 Dangerous Occurrence 🞏 Property Damage

🞏 Environmental Incident

**Incident Classification**

🞏 Fatality 🞏 Hospitalisation 🞏 Lost time Injury 🞏 Medical Treatment 🞏 First Aid

🞏 Notification only

**Incident details**

Date of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incident Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incident Description:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**People Details**

Name of person(s) involved in incident: \_\_\_\_\_\_\_\_\_\_\_\_\_ Contact details (telephone) \_\_\_\_\_\_\_\_\_\_\_

Involved person address and contact details (if not staff member) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incident Witnessed by (name:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness contact details (telephone):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incident Reported by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affected Service unit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What was person doing at time of Incident**

Was a chemical(s) involved: yes🞏 no🞏 – name of chemicals:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was plant involved: yes🞏 no🞏 – name of plant item\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was personal protective equipment required for task: yes🞏 no🞏 (if yes was it used) yes🞏 no🞏

Describe what person(s) were doing at the time the incident occurred

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What led to the incident /injury (How it happened)** | | | | | | | | | | |
| Hitting object with body | 🞏 | Being hit by moving/falling object | | 🞏 | Being hit by a person accidentally | | | 🞏 | Being trapped or caught by moving equipment | 🞏 |
| Being bitten by an animal | 🞏 | Being exposed to vibrating machinery | | 🞏 | Exposure to noise | | | 🞏 | Muscular stress while lifting or moving objects | 🞏 |
| Muscular stress with no lifting or moving objects | 🞏 | Repetitive movements no lifting | | 🞏 | Contact with chemicals | | | 🞏 | Contact with biological factors | 🞏 |
| Being assaulted by person or persons | 🞏 | Slip Trip Fall | | 🞏 | Falls from height | | | 🞏 | Exposure to environmental heat | 🞏 |
| Exposure to environmental cold | 🞏 | Contact with electricity | | 🞏 | Drowning or immersion | | | 🞏 | Insect spider bit or sting | 🞏 |
| Exposure to traumatic event | 🞏 | Work pressure | | 🞏 | Workplace harassment or bullying | | | 🞏 | Other mental stresses | 🞏 |
| Vehicle accident | 🞏 | Other | | 🞏 | If other please describe : | | | | | |
|  | | | | | | | | | | |
| **What contributed to the incident /injury (What made the situation worse)** | | | | | | | | | | |
| Animals or insects | 🞏 | | Chemicals | 🞏 | Electrical equipment | | 🞏 | | Water hydrants, reticulation systems | 🞏 |
| Moving plant | 🞏 | | Cutting sawing machinery | 🞏 | Gas mains, valves etc | | 🞏 | | Sewerage mains, valves etc | 🞏 |
| Mobile plant – small | 🞏 | | Small transport – cars, bikes etc | 🞏 | Other transport | | 🞏 | | Powered portable equipment | 🞏 |
| Hand tools non-powered | 🞏 | | Kitchen and domestic equipment | 🞏 | Office equipment | | 🞏 | | Pressure based equipment | 🞏 |
| Sporting and playground equipment | 🞏 | | Outdoor surfaces | 🞏 | Weather | | 🞏 | | Floor surfaces | 🞏 |
| Indoor environment steps or stairs | 🞏 | | Members of public / visitors | 🞏 | Other staff members | | 🞏 | | Children | 🞏 |
| Ladders, mobile platforms and scaffolding | 🞏 | | Other | 🞏 | If other please describe: | | | | | |
| Nature of injury: (*Describe in your own words*)  **Initial Medical treatment provided (if any)**  Hospitalisation 🞏 – Ambulance Number \_\_\_\_\_\_\_\_  First Aid provided: Yes🞏 No 🞏 – Details of treatment  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Body Location (select on picture) | | | | | |  | | | | |
| Name of person completing report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of report\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Name and signature of involved person if not the same as above\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |