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| **Person Completing Report** |
| First Name |  |
| Surname |  |
| Title | Employee / Contractor / Student / Visitor |
| Date: |  |
|  |  |
| **Details of Incident** |
| Q1 | Describe the incident: |
|  |  |
|  |  |
|  |  |
| Q2 | Was the identified incident on the Institute’s premises? | Yes No |
| Q3 | Date and time incident occurred: |
|  | Date: \_\_\_\_ / \_\_\_\_ /\_\_\_\_ | Time:\_\_\_\_\_\_\_am / pm |
| Q4 | Where did the incident occur |
|  | * Training Room
* Kitchen/ Student Lounge
* Toilets
* Administration Office
 | * Front reception
* Outside the Institute’s premises
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Injury Report** |
| **In the event of an injury, please complete the following details: (if applicable)** |
| First Name |  |
| Surname |  |
| Title | Employee / Contractor / Student / Visitor |
| Home Address |  |
| Suburb |  | Postcode |  |
| Contact No |   |
| Date of Birth | \_\_\_\_ / \_\_\_\_ /\_\_\_\_ | Sex | Male / Female   |
| Q5 | What was the injured person doing at the time of incident? |
|  |  |
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|  |  |
| --- | --- |
| Q6 | Please indicate location of injury on the body by circling estimated location below:C:\Users\angela\Pictures\Microsoft Clip Organizer\hm00245_.wmf |
| Q7 | Did the injured person require medical treatment? | Yes No |
|  | If yes, where was the treatment undertaken and what medical assistance did the injured person require? |
|  |  |
|  |  |
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| **Once this form has been completed, please forward to the Institute Office for action and monitoring, the Institute will then forward this form to the WHS Officer.** |
| **ACTION TAKEN/REQUIRED – TO BE COMPLETED BY WHS OFFICER** |
|  |
| Q8 | Was the risk eliminated? | YES NO go to Q9 |
|  | If yes, how was it eliminated? |
|  |  |
|  |  |
|  |  |
| Q9 | Was a substitute introduced, and/or isolated and/or engineered to minimise risk?  | YES NO go to Q10 |
|  | If yes, what was implemented? |
|  |  |
|  |  |
|  |  |
| Q10 | Was an administrative control put into place? | YES NO go to Q11 |
|  | If yes, what administrative control was put into place? |
|  |  |
|  |   |
|  |  |
| Q11 | Was Personal Protective Equipment required to be introduced? | YES NO |
|  | If yes, what PPE was implemented? |
|  |  |
|  |  |
|  |
| **WHS Risk Assessment Undertaken** | **YES/NO** | **Date:** |
| **Was an Opportunity for Improvement identified?** | **YES/NO** | **OFI No.:** |
| **Actions discussed at Quality & Compliance Meeting** | **YES/NO** | **Date:** |