

# OCCUPATIONAL HEALTH & SAFETY

## INCIDENT REPORT FORM



### Purpose

This Incident Report Form is part of the Occupational Health & Safety Policy and Procedure and must be completed for all incidents.

*It is the duty of the Business Manager/CEO to report all necessary incidents to WorkSafe Victoria.*

## Incident Report

### Details of Person Submitting Report

Name:

Contact Number:

Email Address:

Residential Address:

### Details of Injured Person/s

Name:

Date of Birth:

Gender:

Contact Number:

Email Address:

Residential Address:

### Incident Details

Date of Incident:

Time of Incident:

Date Reported:

Work/Activity being undertaken at the time of incident (identify any plant, substance, equipment involved):

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Where did the incident occur?

Brief Description of Incident:

Person(s) who saw the incident or first came to scene:

Action taken / intended, if any, to prevent recurrence of incident:

Medical treatment/support required:

If yes, what treatment / support was given?

### **Witness Details**

Name of any witness(s):

Residential Address:

Contact Number:

Contact Email:

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### **RSSS Staff Member**

Date:

Office Staff Signature:

Any additional comments in relation to the incident:

Does the incident need to be investigated?

Did the incident require a notification to WorkSafe Victoria?