ENGITECH PTY LTD

ACCIDENT/INCIDENT REPORT and INVESTIGATION FORM

Date report is being made: _____

This form is to be used for ALL accidents, or near misses, whether an injury occurred or not

PART A: ACCIDENT / INCIDENT REPORT FORM

TO BE COMPLETED BY PERSON INVOLVED

(or by Engitech supervisor or if person is incapacitated then by nearest relative)

Please complete within 24 hours of the accident. If the accident caused, or could have caused, serious injury or property damage, please contact Engitech on 03 8368 2280 or 0412229991 immediately.

1: INFORMATION ABOUT THE PERSON MAKING THE REPORT (please print)

Title	Surname or Family name	Given Name	Date of Birth
☐ Dr ☐ Mr ☐ Mrs ☐ Ms			

Status: ☐ Employee ☐ Volunteer ☐ Member ☐ Contractor ☐ Visitor ☐ Other (describe)

Gender: ☐ Male ☐ Female

Occupation: _____ Contact telephone number _____

Are you currently employed? ☐ YES ☐ NO **If yes, please provide employer details**

Name of employer: _____

Address: _____

Post Code: _____

Will you require time off work? ☐ YES ☐ NO Approximately how long will you be off work?

_____ days _____ weeks ☐ unknown

What type of event is this? ☐ Accident ☐ Incident ☐ Near Miss ☐ Medical

Where did it occur? _____

Have you already reported the accident / incident / near miss? ☐ YES ☐ NO

If YES, who did you report it to? **Name** _____ **Date Reported** _____

2: WHAT PART OF THE BODY WAS AFFECTED (tick appropriate answers)

Head	Trunk	Internal	Arm	Hand	Leg	Foot
☐ Eye	☐ Neck	☐ Heart	☐ Left	☐ Left	☐ Left	☐ Left
☐ Ear	☐ Hip	☐ Lungs	☐ Right	☐ Right	☐ Right	☐ Right
☐ Nose	☐ Chest	☐ Systemic	☐ Shoulder	☐ Thumb	☐ Knee	☐ Great Toe
☐ Mouth	☐ Stomach		☐ Upper Arm	☐ Fingers	☐ Lower Leg	☐ Other Toes
☐ Teeth	☐ Groin		☐ Elbow		☐ Ankle	
☐ Face	☐ Back		☐ Forearm		☐ Thigh	
☐ Skull	☐ Multiple		☐ Wrist			

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3: NATURE OF INJURY (tick appropriate answers)

☐ Abrasion	☐ Puncture	☐ Heart Attack	☐ Sprain	☐ Burn	☐ Traumatic Shock
☐ Bruise	☐ Laceration	☐ Hearing Loss	☐ Strain	☐ Scald	☐ Electric Shock
☐ Fracture	☐ Amputation	☐ Foreign Body	☐ Hernia	☐ Rash	☐ Psychosocial
☐ Concussion	☐ Bite	☐ Minor Cuts	☐	☐ Allergy	☐ Chemical

☐ Aggravation of previous injury or medical condition, or other injury not already specified. (describe)

4: HOW DID THE ACCIDENT/INCIDENT OCCUR (tick appropriate answers)

☐ Striking Against	☐ Stumbling	☐ Lifting	☐ Pushing	☐ Ingestion
☐ Struck By	☐ Slipping	☐ Bending	☐ Pulling	☐ Absorption
☐ Caught In	☐ Tripping	☐ Twisting	☐ Jumping	☐ Inhalation
☐ Stepping On	☐ Falling	☐ Stress	☐ Motor Vehicle	
☐ Other: Describe				

5: AGENCY OF INJURY (tick)

☐ Vehicle	☐ Buildings	☐ Mobile Plant	☐ Structures
☐ Power tools	☐ Furniture	☐ Other tools	☐ Surfaces
☐ Animal/Insect	☐ Heat Stress	☐ Materials	☐ Sunburn
☐ Biological agent	☐ Chemicals	☐ Equipment	☐ Stress
☐ Objects	☐ Ionising radiation		

Signed:	**Date:**

PART B: **INVESTIGATION FORM**

TO BE COMPLETED BY THE <u>SUPERVISOR</u> AND/OR DELEGATED OFFICER WITHIN 48 HRS OF NOTIFICATION

IMPORTANT: This part of the process is designed to prevent recurrences

1: PROBABLE CAUSE/S OF ACCIDENT / INCIDENT (tick appropriate answers)

☐ Inadequate Instruction	☐ Fault Of Plant Or Equipment	☐ Poor Storage	☐ Weather
☐ Inadequate Workspace	☐ Equipment Unavailable	☐ Poor Access	☐ Terrain
☐ Assistance Unavailable	☐ Lack Of Attention	☐ Incorrect Method	☐ Work Practices
☐ Other (Describe)			

2: DESCRIBE THE ACCIDENT / INCIDENT

_____

_____

_____

3: RATE THE POTENTIAL SEVERITY OF THE ACCIDENT / INCIDENT

(e.g. what could have happened?)

☐ Low	☐ Moderate	☐ High	☐ Severe
(eg first aid treatment)	**(eg medical attention)**	**(eg ambulance or other emergency services)**	**(eg death or severe disablement)**

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4: PREVENTION OF ACCIDENT/INCIDENT RECURRENCE

Describe what action is planned or has been taken to **prevent a recurrence** of the accident/ incident, based on the key contributing factors (Please print)

Immediate action taken _____

_____

Suggested long term action _____

_____

_____

_____

IS TRAINING REQUIRED?			REHABILITATION
Induction	☐ YES	☐ NO	☐ Is required
Task specific	☐ YES	☐ NO	☐ Is not required
Area specific	☐ YES	☐ NO	☐ Unknown as yet
			☐ Time Off Work Required.

5: ADMINISTRATION

Investigation undertaken by supervisor or delegated officer

Print name: _____ Date investigation completed: _____

Signature: _____

A copy of this report must be provided to the person making the report. The original must be retained by Engitech Pty Ltd

☐ copy provided to person making report Date _____