**PLEASE COMPLETE AND LODGE WITH YOUR MANAGER OR CEO WITHIN 48 HOURS OF ACCIDENT OR INJURY.**

* **This form is not for participant accident/injury, report to NDIS, CIMS or other for participants.**
* **Record minor injuries in Injury Reporting booklets at each site.**

#####

**DATE OF INCIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: ­\_\_\_\_\_\_\_\_\_\_am/pm**

1. Name & details of person involved in the incident. Add lines if more than one person:

|  |  |
| --- | --- |
| Worker Name: |  |
| Address: |  |
| Phone No: |  |

1. Which program working in at time?
2. Position title?
3. Was time off work required? **YES / NO** *(please circle)*
4. If NOT a staff member, please tick the appropriate box that best describes this person:

 Contractor Volunteer Other

1. Where did the incident occur? *(Site/place)*

1. Describe how the injury occurred:

|  |
| --- |
|  |
|  |

1. Describe the nature of the injury to person(s):

|  |
| --- |
|  |
|  |

Body region injured: (please circle)

1. Were emergency services called? **YES NO**

 If “yes”, which emergency services were called?

1. The injured person went to:

 Doctor Hospital Home Other

1. *Did anyone witness the incident?* ***YES/NO*** *If Yes please provide details.*

Witness’ name & details:

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Phone No: |  |
| Signature of Witness: |  |

1. Were fixtures, vehicles or equipment damaged?

1. Name & details of person completing this form (if different from person at question 1):­­­­­­­­­­­­­­­­­­­­­­­

|  |  |
| --- | --- |
| Signature of person completing this form: |  |

**Manager/supervisor to complete this section:**

1. Is this a reportable incident under WorkSafe Regulations? YES / NO
2. ACTION TAKEN BY MANAGER / CEO & RECOMMENDATIONS TO SAFETY COMMITTEE:

|  |
| --- |
|  |
|  |
|  |

Signature of CEO: Date

***Office Use Only***

**Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Cover Claim: YES / NO**

**Letter of Acknowledgment sent: YES / NO**