

Appendix 3 - Sample Incident Report Form

Personal Details

Name of person/s (involved or injured)
(Surname) _____ (First Name/s) _____ (Date of Birth) / /
(Surname) _____ (First Name/s) _____ (Date of Birth) / /

Job/s being undertaken at time of incident: _____

Name of personnel-in-charge _____

Witness/s to incident _____

Incident Details / Type of Incident

To Personnel To Plant To both Near-miss

Time of incident: _____ (am pm

Day: _____ Date: _____

Person reporting the incident _____

To whom reported: _____

Location of incident _____

Injured Person / Details

Resumed work: _____

First Aid: _____

Taken to doctor: _____

Required Ambulance: _____

Description of illness or injury: _____

Treatment Given: _____
