

Injury and incident form

COMPANY NAME

ADDRESS

NAME

ADDRESS

INCIDENT TYPE

NEAR-HIT / NEAR MISS INJURY ILLNESS

DATE OF INCIDENT

TIME OF INCIDENT

JOB

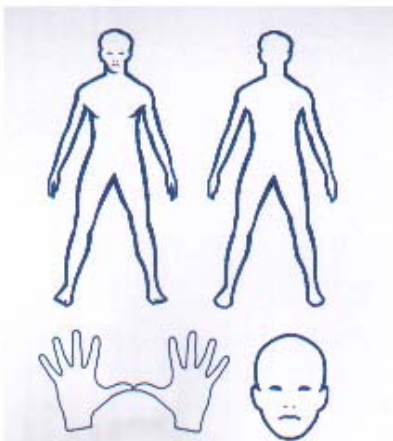
LENGTH OF TIME EMPLOYED HERE

PHONE

DATE OF BIRTH

INJURY DETAILS – BODY PART

Shade the part of the body that is injured



INJURY TYPE

- | | |
|--|---|
| <input type="checkbox"/> Aches/pain (gradual) | <input type="checkbox"/> Dermatitis |
| <input type="checkbox"/> Aches/pain (sudden) | <input type="checkbox"/> Dislocation |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Fatal |
| <input type="checkbox"/> Broken bone | <input type="checkbox"/> Foreign body |
| <input type="checkbox"/> Bruising incl. crushing | <input type="checkbox"/> Eye <input type="checkbox"/> Nose <input type="checkbox"/> Ear |
| <input type="checkbox"/> Burn/scald | <input type="checkbox"/> Inhalation disease (asbestos/lead) |
| <input type="checkbox"/> Chemical reaction | <input type="checkbox"/> Hearing loss (noise induced) |
| <input type="checkbox"/> Choking/suffocation | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Concussion/brain injury | <input type="checkbox"/> Strain/sprain |
| <input type="checkbox"/> Cut (infected) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cut (not infected) | <input type="checkbox"/> Multiple injuries |
| <input type="checkbox"/> Dental injury | |

TREATMENT DETAILS

- None First Aid Nurse Physiotherapy Doctor Hospital

WHAT HAPPENED?

WHAT DO YOU THINK CAUSED OR CONTRIBUTED TO THE INCIDENT?

EMPLOYEE SIGNATURE

DATE

PHOTOCOPY FOR YOUR OWN USE

Injury and incident investigation form

INFORMATION COLLECTION

Write down what you have found out about the injury/incident

ANALYSIS

List factors and hazards that contributed to the incident/injury

ACTION

What action needs to be taken to prevent a similar incident/injury happening again?

IS THIS A SERIOUS HARM INJURY?

Yes No

If yes, report the injury to OSH as soon as possible, and on the prescribed form within seven days.

INVESTIGATION COMPLETED BY (NAME)

SIGNED

DATE

SERIOUS HARM

1. Any of the following conditions that amounts to or results in permanent loss of bodily function, or temporary severe loss of bodily function: respiratory disease, noise-induced hearing loss, neurological disease, cancer dermatological disease, communicable disease, musculoskeletal disease, illness caused by exposure to infected material, decompression sickness, poisoning, vision impairment, chemical or hot-metal burn of eye, penetrating wound of eye, bone fracture, laceration, crushing.
2. Amputation of body part.
3. Burns requiring referral to a specialist registered medical practitioner or specialist outpatient clinic.
4. Loss of consciousness from lack of oxygen.
5. Loss of consciousness, or acute illness requiring treatment by a registered medical practitioner, from absorption, inhalation, or ingestion, of any substance.
6. Any harm that causes the person harmed to be hospitalised for a period of 48 hours or more commencing within 7 days of the harm's occurrence.

[Until an Order in Council (expected by May 2003) is made, the above types of harm are "serious harm" for the purposes of the HSE Act: (It is understood the Order in Council will change the definition of Serious Harm to include death and harm of a kind described by the Governor General by Order in Council).]

PHOTOCOPY FOR YOUR OWN USE