

PART A PERSONAL DETAILS

Title:	Surname:	Given Name:
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Current Address:

Phone No:	DOB	Email
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<input checked="" type="checkbox"/> Is injured party a/n	Employee	Contractor	Student	Child	Other
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Type of report

Injury/illness	Near miss (no injury/damage)	WHS Hazard report	Contractor/supplier N/C
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Damage to buildings/items	Damaged goods inward	Environmental	
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Incident / Hazard/ Quality / Complaint Details

Date of event:	Time:
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Location:

Type of Injury (If applicable)

Was patient transferred to doctor/hospital? (if yes give details).

Describe the hazard / incident - detail what happened, include task / equipment / tools / people involved.

Describe immediate actions to make situation safe:

Witness (for serious incident attach signed witness statement or letters of complaint)

Name Witness	Phone No
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Email

Reportable incident to Safework www.safework.sa.gov.au or EPA www.epa.sa.gov.au? If yes, contact WHS Manager.
Date of contact

PART B INVESTIGATION - to be completed by Manager:

Outcome of Investigation:

Action/s to be taken:

Action	Responsibility	Completion date

Investigation Completed by:

Name

Signature _____

Feedback to person who reported incident.

Date

Ensure

- Completed form is sent to WHS Manager
- Counselling is provided for severe incidents & events
- Discuss incident/ hazard at next team meeting

General Manager Signature: _____

Comments: