INCIDENT REPORT FORM

To be completed in the event of a worker witnessing/being involved in any non-conformance, or an incident, or resulting, or potentially resulting, in an injury or an unsafe practice or a near miss/hit. Please complete this form and return to Icon Management immediately.

PERSONAL DETAILS

Surname: _____ First name(s): _____ DOB: _____

Position: _____

Managers Name: _____

Address: _____

Telephone number (landline): _____

Telephone number (mobile): _____

Email address: _____

INCIDENT DETAILS *(completed by person involved)*

Date of incident: _____ Time of incident: _____

Description of incident: *(in your own words, what happened?)*

_____

_____

_____

_____

Location of incident:

_____

_____

_____

NAME OF WITNESSES TO THE INCIDENT

Name: _____ Contact: _____

Name: _____ Contact: _____

Name: _____ Contact: _____

DETAILS OF INJURIES SUSTAINED

Injured person's name:

Type of injury:

Treatment received:

Injured person's name:

Type of injury:

Treatment received:

DETAILS OF OTHER PERSONS INVOLVED

Did the incident involve any other person?   ☐ Yes   ☐ No

(If yes, provide their name and contact details)

DETAILS OF ANY DAMAGE

Did any damage to property occur?   ☐ Yes   ☐ No

(If yes, provide details of the damage)

OTHER DETAILS

Were the Police or other emergency services involved?   ☐ Yes   ☐ No

(If yes, provide details of the officers attending)

Was the state safety regulator informed (eg Safework/Worksafe)?	☐ Yes	☐ No
Has an emergency contact or support person been notified?	☐ Yes	☐ No
Is this a worker's compensation related incident?	☐ Yes	☐ No
Was the worker's compensation insurer notified?	☐ Yes	☐ No

WHAT DO WE DO FOLLOWING THE INCIDENT?

Actions	Proposed?	Taken?
Change to induction/toolbox		
Change to ongoing training		
Change to work procedure		
Change to work environment		
Equipment maintenances		
Job re-design		
Site clean up		
Risk assessment review		
Other preventative action		

CORRECTIVE ACTIONS

Describe what needs to be done	Who is responsible?	Date for completion

Is the incident required to be reported to the NDIS Commission? (If yes, please refer to the required timeframes set out in the Icon Incident Management System). ☐ Yes   ☐ N/A

CONSULTATION

Who did we consult with when deciding on the actions for the controls?

Name	Position	Contact details (phone)

AUTHORISATION OF CORRECTIVE ACTION

Name	Signature	Date