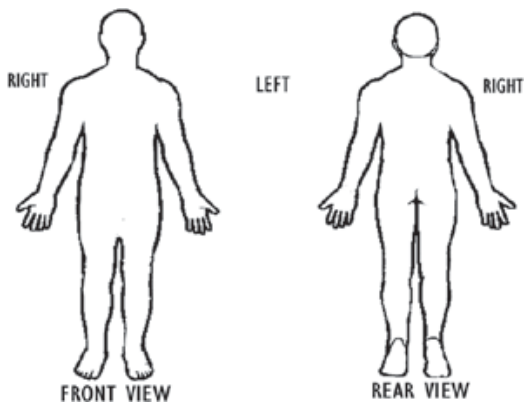


WHS FORM: INCIDENT AND INJURY REPORT

Details of injury (e.g. to a Worker or Visitor) and treatment				
			am	pm
Date of Incident		Time of Incident	<input type="checkbox"/>	<input type="checkbox"/>
Nature of incident	<input type="checkbox"/> Near miss <input type="checkbox"/> First aid <input type="checkbox"/> Medical treatment/doctor			
Name of Injured person				
Address				
Occupation				
Date of Birth				
Telephone/Mobile				
Employer				
Activity in which the person was engaged at the time of injury				
Exact site location of where the injury occurred				
Nature of injury e.g. fracture, cut, burn, sprain, foreign body in eye				
Body location of the injury (indicate location of injury on the diagram) **PLEASE PRINT AND MARK BEFORE RETURNING FORM **				
Treatment given on site		Name of treating person		
Referral for further treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Doctor or hospital	SafeWork NSW medical certificate received <input type="checkbox"/> Yes <input type="checkbox"/> No	Attach copies	
Injury management requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Notify Return to Work (RTW) Coordinator	Name of RTW Coordinator		
Witness to incident (each witness may need to provide an account of what happened)				
Witness Name		Witness contact		
Witness Name		Witness contact		

WHS FORM: INCIDENT AND INJURY REPORT



Details of incident (e.g. property, plant or environmental damage)			
Date of incident		Time of Incident	
Location of incident			
Details of damage to equipment or property			
Name or person who received the report		Telephone	

Details of incident (e.g. property, plant or environmental damage)

Immediate response actions (e.g. barricades, isolation of power) to stabilise the situation

Details of incident (e.g. property, plant or environmental damage)

OFFICE ONLY:	
Reported to Client/ Supervisor on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide details (when, reported to and reported by)
Reported to Transwest? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide details (when, reported to and reported by)
Reported to WorkCover? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide details (when, reported to and reported by)
Report to authorities (Safework NSW phone 131050) <input type="checkbox"/> Yes <input type="checkbox"/> No	CHRISTINA CAMPBELL Only: Provide details (when, reported to and reported by)

Completed by			
Name		Position	
Signature		Date	