INCIDENT / ACCIDENT REPORT FORM

This form is to be completed by the Supervisor or Contract Manager immediately after an accident or incident occurs. Check flowchart to determine who receives a copy of this form

Reported by		Position Title	
Site		Incident time/date	_____am/pm ___/___/___
Location of incident			

Types of accidents **Give further details:**

☐ Injury to employee / visitor / contractor requiring hospitalisation	
☐ Injury to employee / visitor / contractor requiring medical treatment	
☐ Injury to employee / visitor / contractor causing death	
☐ Accident involving plant/equipment	
☐ Accident involving violence	
☐ Accident involving vehicle/s	
☐ Legal action/Statutory Reporting required	
☐ Media Involved	
☐ Other	

Brief description of accident (facts only, don't describe why the accident occurred or speculate on who may be at fault)

Details of immediate response

Injured Person Details

Last name		First name	
Branch/site		Position title	
Witness		First aider	

Injury details

Severity of injury	☐ Home ☐ Return to work	☐ Doctor ☐ Medical treatment	☐ Hospital ☐ First Aid treatment	☐ Near Miss
Part of body	☐ Head ☐ Ear ☐ Internal organ ☐ Eye	☐ Leg ☐ Foot ☐ Finger ☐ Hand	☐ Trunk ☐ Neck ☐ Toe ☐ Knee	☐ Arm ☐ Back ☐ Shoulder
Nature of injury	☐ Fracture ☐ Amputation ☐ Other	☐ Dislocation ☐ Laceration/cut ☐ Burn	☐ Sprain ☐ Superficial ☐ Skin irritation	☐ Concussion ☐ Bruises
Caused by	☐ Fixed Machinery ☐ Bacteria/virus	☐ Mobile plant/ transport ☐ Environmental agency	☐ Powered equipment ☐ Chemical	☐ Non powered equipment ☐ Animal/human agency

Corrective Action Required

Signed:_____ Date: _____

Position: _____

Copies supplied to: _____

GOLDEN BROWN CLEANING SERVICES