Incident report form

PROJECT / SITE	DATE OF INCIDENT	TIME	EXACT LOCATION ON SITE

REPORTED BY	DATE REPORTED	SUPERVISOR TOLD (NAME, TIME)

WHO WAS INVOLVED

NAME	COMPANY / EMPLOYER	ROLE	INJURED? Y / N

WHAT HAPPENED

TYPE OF INCIDENT

☐ Injury ☐ Illness ☐ Near miss ☐ Dangerous incident (nobody hurt) ☐ Property or plant damage ☐ Other

DESCRIBE WHAT HAPPENED, IN ORDER. FACTS ONLY: WHAT YOU SAW, NOT WHO'S TO BLAME

INJURIES AND TREATMENT

WORST OUTCOME

☐ No injury ☐ First aid only ☐ Doctor or medical treatment ☐ Hospital in-patient ☐ Death

INJURY AND PART OF THE BODY	FIRST AID OR TREATMENT GIVEN, AND BY WHOM

WITNESS NAME	PHONE	WHAT THEY SAW

IS IT NOTIFIABLE?

Phone the regulator straight away if anyone died, needed hospital in-patient treatment or immediate treatment for a serious injury (such as a serious cut, burn, head or eye injury, or amputation), or if a dangerous incident happened with nobody hurt (a structure, scaffold or trench collapsing, something falling from height, an electric shock, an uncontrolled fire or gas leak). Leave the scene as it is until the regulator says otherwise, apart from helping the injured and making the area safe. Lists differ by state, so check yours.

NOTIFIABLE? Y / N / UNSURE	REGULATOR PHONED (TIME)	SPOKE TO	REFERENCE NUMBER

IMMEDIATE ACTION, CAUSES AND FIXES

WHAT WAS DONE STRAIGHT AWAY TO MAKE IT SAFE

WHY IT HAPPENED: THE CONDITIONS, THE GEAR, THE SYSTEM OF WORK

ACTION TO STOP IT HAPPENING AGAIN	WHO	BY WHEN	DONE

COMPLETED BY	SIGNATURE	REVIEWED BY (SUPERVISOR)	SIGNATURE