



Person Completing Report

First Name _____

Surname _____

Title Employee / Contractor / Student / Visitor

Date: _____

Details of Incident

Q1 Describe the incident:

Q2 Was the identified incident on the Institute's premises? Yes No

Q3 Date and time incident occurred:

Date: ___/___/___ Time: _____ am / pm

Q4 Where did the incident occur

<input type="checkbox"/> Training Room	<input type="checkbox"/> Front reception
<input type="checkbox"/> Kitchen/ Student Lounge	<input type="checkbox"/> Outside the Institute's premises
<input type="checkbox"/> Toilets	<input type="checkbox"/> Other _____
<input type="checkbox"/> Administration Office	

Injury Report

In the event of an injury, please complete the following details: (if applicable)

First Name _____

Surname _____

Title Employee / Contractor / Student / Visitor

Home Address _____

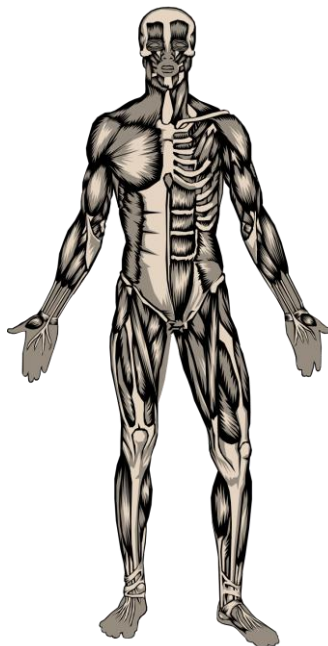
Suburb _____ Postcode _____

Contact No _____

Date of Birth ___/___/___ Sex Male / Female

Q5 What was the injured person doing at the time of incident?

Q6 Please indicate location of injury on the body by circling estimated location below:



Q7 Did the injured person require medical treatment? Yes No

If yes, where was the treatment undertaken and what medical assistance did the injured person require?

Once this form has been completed, please forward to the Institute Office for action and monitoring, the Institute will then forward this form to the WHS Officer.

ACTION TAKEN/REQUIRED – TO BE COMPLETED BY WHS OFFICER

MANAGE RISK

-  **ELIMINATE**
-  **SUBSTITUTE/ISOLATE/ENGINEER**
-  **ADMINISTRATION**
-  **PERSONAL PROTECTIVE EQUIPMENT**

Q8 Was the risk eliminated? YES NO go to Q9

If yes, how was it eliminated?

Q9 Was a substitute introduced, and/or isolated and/or engineered to minimise risk? YES NO go to Q10

If yes, what was implemented?

Q10 Was an administrative control put into place? YES NO go to Q11

If yes, what administrative control was put into place?

Q11 Was Personal Protective Equipment required to be introduced? YES NO

If yes, what PPE was implemented?

WHS Risk Assessment Undertaken	YES/NO	Date:
Was an Opportunity for Improvement identified?	YES/NO	OFI No.:
Actions discussed at Quality & Compliance Meeting	YES/NO	Date: