

INCIDENT REPORT FORM

INCIDENT REPORT FORM

Note: This form should only be used when an incident cannot be logged into Elumina directly. The form is only a template to capture information. Once completed, the incident should be logged onto Elumina with this form scanned and sent to WHSIncidents@hume.vic.gov.au and the relevant coordinator / manager for reference.

This form should not be handed out to any persons. Requests for a copy should be made via an FOI application found on HCC website.

INCIDENT TYPE:		INJURY / ILLNESS (ie. blood nose, cut / graze, stroke etc.)
		INCIDENT / NEAR MISS (ie. incident with no injury – slip, theft, damage etc.)
		HAZARD (ie. Broken equipment, unsafe work procedure etc.)
		CHILDSAFE (ie. incident surrounding the safety of a child)

INCIDENT DATE:		INCIDENT TIME:	
DATE REPORTED:		TIME REPORTED:	

SITE:	
INCIDENT LOCATION:	

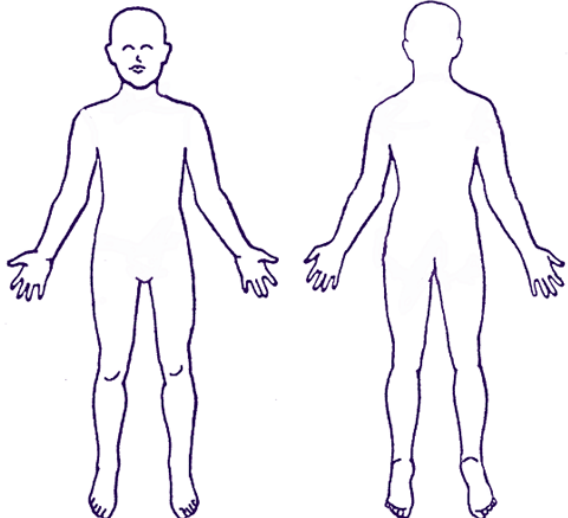
DETAILS OF INDIVIDUAL INVOLVED:							
EMPLOYEE:		PUBLIC:		CONTRACTOR:		OTHER:	

NAME:		SURNAME:	
D.O.B / AGE:		GENDER:	
ADDRESS:		CONTACT NUMBER:	

PARENT / GUARDIAN:	NAME:		CONTACT NUMBER:	
	RELATIONSHIP TO INDIVIDUAL INVOLVED:			

DESCRIPTION OF INCIDENT or HAZARD:	
<i>Describe what happened?</i>	
<i>What was the person involved doing at the time and prior to the incident?</i>	
<i>How was the incident identified?</i>	
<i>Where was the incident and what was involved?</i> - Equipment? - Other persons?	
<i>What factors contributed to the incident?</i> - Behaviour? - Environment? - Equipment?	

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DESCRIPTION OF INJURY/S:		
TYPE OF SUSPECTED INJURY/S:	LOCATION ON BODY:	ADDITIONAL DETAILS OF INJURY
Cut / Abrasion		
Sprain / Strain		
Illness		
Bruising / Swelling		
Blood Nose		
Fracture / Dislocation		
Pain / Discomfort		
Burn		
Other: <i>(provide specific details below)</i>		
PLEASE CIRCLE: RIGHT / LEFT		Record Allergies / medical history:

TREATMENT / ADVICE PROVIDED TO INDIVIDUAL			
Referred for further medical treatment? <i>Yes / No</i>		Immediately / discretion?	Patron educated? <i>If yes, include details below:</i>
ACTIONS TAKEN TO REDUCE RISK OF REOCCURRENCE			

STAFF MEMBER:		POSITION:		SIGNATURE:	
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DUTY SUPERVISOR TO COMPLETE					
DATE REPORTED TO SUPERVISOR:				TIME REPORTED TO SUPERVISOR:	
NAME:		POSITION:		SIGNATURE:	

INCIDENT CLASSIFICATION	
	Major - <i>(Worksafe notifiable, medical treatment, '000' call or Police referral, threatening behaviour, Public liability, staff / contractor involved, entry or non-entry water rescue, biological contamination, INCLUDES alleged incidences reported by patrons or staff)</i>
	Minor - <i>None of the above ie. does not require immediate further action INCLUDES alleged incidences reported by patrons or staff</i>
<i>If major, please complete 'Page 3 – further details / follow up' of the risk management form and attach to this report form. This includes any incident that requires follow up to identify the outcome of the incident.</i>	

Office Use Only

DATE ENTERED INTO ELUMINA:		ELUMINA REPORT NUMBER:		ENTERED BY:	
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