Illness/Injury Incident Report form

Use this form to report incidents of injury, illness or death. Notify Safe Work NSW of serious incidents on **13 10 50**

Location: THE TWYFORD, 16 Market Street Merimbula NSW 2548

Employer or Hirer Organisation Name: _____

Nature of Industry: _____

Details of person making this report

First name: _____ Last name: _____

Position: _____ Organisation/Team: _____

Signature: _____ Date: _____/_____/_____

If you're not the injured/ill worker, did you witness the incident? Yes / No

Details of person affected

First name: _____ Last name: _____ Date of birth: ____/____/____

Position: _____ Organisation/Team: _____

Is this person a: Volunteer: Yes / No Contractor: Yes / No Employee: Yes/No Other: _____

Is this person an employee *for worker's compensation purposes*: Yes / No / Unsure

Worker's address: _____

Manager/supervisor's name: _____ Contact Number: _____

Injury or illness details

Date of injury/illness: _____/_____/_____ Time of injury/illness: _____ am/pm

Nature of injury/illness: _____

_____

Bodily location of injury/illness (for illnesses, include symptoms): _____

_____

_____

Location at time of injury: _____

How was the injury/illness sustained (cause of injury /illness): _____

_____

_____

_____

Was any plant, equipment, substance or thing involved in the injury/ illness? Yes / No

> If yes, please also complete the **Hazard Report Form**.

Witnesses

Were there any witnesses to the injury/illness? If yes, please list name and contact details for each witness:

Name: _____ Contact: _____

Name: _____ Contact: _____

Name: _____ Contact: _____

Name: _____ Contact: _____

Name: _____ Contact: _____

Follow up

Has the injury been reported to the worker's supervisor? Yes / No

Was any treatment provided? If yes, please provide details: _____

_____

Did the injured worker return to work following the injury/illness? If yes, please provide details: _____

_____

To be completed by manager/supervisor of worker

Has an investigation been conducted into the incident? Yes / No

If yes, by whom? _____

What controls have been implemented to ensure the incident doesn't happen again: _____

_____

_____

Employer confirmation

I, (print name) _____, of (insert company name) _____, hereby confirm receipt of this notification.

Signature: _____ Date: _____/ _____/ _____

Information in relation to work health and safety laws

If you are responsible under the work health and safety (WHS) laws for workers other than employees, for example contractors, you may not be required under workers compensation laws to record injuries in your register of injuries. However **you may find it helpful to do so**. Employers are required to keep a register of injuries that is readily accessible in the workplace (Under Section 63 of the Workplace Injury Management and Workers Compensation Act 1998). The manager of any work location is responsible for this register of injuries.

Requirements of injury and illness registration:

- Employers must keep a Register of Injuries at each workplace for workers to record any workplace injury or illness whether or not it results in a worker's compensation claim.
- The register of injuries may be kept in electronic form only if the employer provides education, training and facilities to ensure that workers are able to access the register.
- An injured worker (or someone acting on their behalf) must notify the employer in writing, or verbally, of any work-related injury or illness *as soon as possible after an injury has happened*.
- *Employers must notify their insurer within 48 hours* of receiving a report of a work-related injury

Additional resources

Workers Compensation Regulation 2016 www.legislation.nsw.gov.au
Workers compensation - State Insurance Regulation Authority on 13 10 50 www.sira.nsw.gov.au
Work Health & Safety - Safe Work NSW www.safework.nsw.gov.au

Hazard Report Form

Use this form to report health & safety hazards. If an illness, injury or death has occurred, please also complete the **Illness/Injury Incident Report Form**. To notify SafeWork NSW of a serious incident/death, call **13 10 50.**

Location: THE TWYFORD, 16 Market Street Merimbula NSW 2548

Employer or Hirer Organisation Name: _____

Nature of Industry: _____

Details of person making this report

First name: _____ Last name: _____

Position: _____ Organisation/Team: _____

Signature: _____ Date: _____/_____/_____

Hazard / Incident

Brief description of hazard: Describe the task, equipment, tools & people involved. Use sketches or attached extra pages, if necessary. Include any action taken to ensure safety of those who may be affected.

_____

_____

_____

Where is the hazard located in the workplace?

_____

_____

When was the hazard identified? Date: _____/_____/_____ Time: _____ am/pm

Recommended action to fix hazard/incident: List any suggestions you may have for reducing or eliminating the problem – for example re-design mechanical devices, update procedures, improve training, maintenance work

_____

_____

_____

Date submitted to manager: Date: _____/ _____/ _____ Time: _____ am/pm

Action taken

Has the hazard been acknowledged by management? Yes / No

Describe what has been done to resolve the hazard/incident:

_____

_____

_____

Do you consider the hazard/incident fixed? Yes/ No

Name: _____ Position: _____

Organisation: _____

Signature: _____ Date: _____/ _____/ _____

Use of First Aid Kit Items or AED

Please record all use of first aid kit items or the AED (defibrillator) so we can check/replace them quickly.

Nearest chemists: **Dodd & Dwyer Pharmacy** 32 Market Street / **Direct Chemist Outlet** 9 Merimbula Drive

Items Used	Date Used	Date Replaced

Missing Items

Please record any items you think should be in this kit, but appear to be missing.

Items Missing	Date Reported	Date Replaced

Loss or Damage Form

Please record all lost or damaged items or infrastructure damage so we can repair/replace them quickly.

Items Lost or Damaged including details of how it occurred	Date of Loss/Damage	Reported By	Date Repaired/Replaced

Alcohol or Security Incident Register Form

Use this form to report incidents of intoxication, aggressive behaviour, refusal of service, request to leave premises.

Location: THE TWYFORD, 16 Market Street Merimbula NSW 2548

Employer or Hirer Organisation Name: _____

Nature of Event: _____

Details of person making this report

First name: _____ Last name: _____

Position: _____ Organisation/Team: _____

Signature: _____ Date: _____/_____/_____

Incident details

Date of incident: _____/_____/_____ Time of incident: _____ am/pm

Incident Type:	Intoxication	Yes / No	Disruptive or Aggressive Behaviour	Yes / No
	Refusal of Service	Yes / No	Request To Leave Premises	Yes / No
	Other (specify):	_____		

Incident details (where in the venue, who was involved, what happened): _____

_____

_____

Action Taken: _____

_____

Did police or other emergency services attend? If yes, provide details: _____

_____

Were there any witnesses to the incident? If yes, please list name and contact number for each witness:

Name: _____ Contact: _____

Name: _____ Contact: _____

Name: _____ Contact: _____

Name: _____ Contact: _____

Name: _____ Contact: _____

Follow up

Incident reported to Management: Date: _____/_____/_____ Time: _____ am/pm

What controls have been implemented to ensure the incident doesn't happen again: _____

_____

Name of Manager: _____ Date: _____/_____/_____ Time: _____ am/pm