<insert business name>

ACCIDENTS AND INCIDENTS

Accident and Incident Register

Date of entry \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of person injured

Status (employee, contractor, visitor)

Address

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature (injured person or person reporting)

Details of accident or incident

Date of accident or incident \_\_\_\_/\_\_\_\_/\_\_\_\_ time am/pm

Date reported \_\_\_\_/\_\_\_\_/\_\_\_\_ time am/pm

Accident / incident reported to

Accident / incident location

Activity engaged in at time of accident / incident

Details of the injury

Cause of the accident / incident

Name of witness(es)

First aid attendant (if applicable)

First aid treatment (if applicable)

Name and address of doctor (if applicable)

Completed by

Notification

Police

Workcover Authority

Insurer

Accident and Incident Investigation Report

Date of report \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of incident \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of incident

Investigation team

Manager or supervisor

Safety officer

Employee or other person working on the farm

Details of injury

Check boxes as appropriate

🞏 lost time 🞏 medical treatment 🞏 first aid 🞏 none

🞏 reported to Workcover insurance agent

Details of damage (plant / equipment / property)

Details of accident / incident

Key contributing features

Immediate causes

Underlying causes

Intermediate action taken to prevent further risk of injury or recurrence

Recommendations

Action and responsibilities

Completion date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of manager or supervisor

Signature