**WHS FORM 10: INCIDENT AND INJURY REPORT**

|  |
| --- |
| **Details of incident (eg to a worker or visitor) and treatment**  |
| Date of incident | DD-MMM-YYYY |
| Time of incident  | Approximately XX:XX [ ]  am [ ]  pm |
| Nature of incident | [ ]  Near miss [ ]  First aid [ ]  Medical treatment/doctor |
| Name of injured person  |  |
| Address |  |
| Occupation |  |
| Date of birth  |  |
| Telephone |  |
|  Employer |  |
| Activity in which the person was engaged at the time of injury |  |
| Exact site location where injury occurred |  |
| Nature of injury – eg fracture, burn, sprain, foreign body in eye |  |
| Body location of injury (indicate location of injury on the diagram) |  |
| Treatment given on site |  | Name of treating person |  |
|  Referral for further  treatment? Yes [ ]  No [x]  |  Name of doctor or hospital | WorkCover medicalcertificate received?Yes [ ]  No [x]   | Attach copies |
|  Injury management  required? Yes [ ]  No[x]   |  Notify return to work coordinator | Name of return to workCoordinator  | N/A |
|  **Witness to incident (each witness may need to provide an account of what happened)** |
| Witness name |  | Witness contact |  |
| Witness name |  | Witness contact |  |

|  |
| --- |
|  **Details of incident (eg property, plant or environmental damage)**  |
| Date of incident |  | Time of incident |  XX:XX [ ]  am [ ]  pm |
| Location of incident | Level 1, 9 The Corso, MANLY, NSW, 2095 |
| Details of damage to Equipment or property   | Nil |
| Name of person who received the report  Received the report |  | Telephone |  02 9976 6880 |

|  |
| --- |
| **Description of incident**  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **Immediate response actions (eg barricades, isolation of power) to stabilise the situation**  |
|  |
|  |
| **Reported to**  |
| Reported to management team?Yes [x]  No [ ]  | Provide details (when, reported to and reported by): Reported to XXXX @ XX:XX on DD-MMM-YY by ZZZZ. |
| Reported to authorities(WorkCover phone: **13 10 50**)?Yes [ ]  No [x]  | Provide details (when, reported to and reported by): |
| Reported to principal contractor?Yes [ ]  No [x]  | Provide details (when, reported to and reported by): |
| Reported to workers compensationinsurer?Yes [ ]  No [x]  | Provide details (when, reported to and reported by):  |

|  |
| --- |
| **Completed by** |
| Name |  | Position |  |
| Signature |  | Date |  |