



Workplace Incident / Injury Report & Investigation Form

Employee Name: _____ Host Employer: _____

Injury / Incident Type: Work Injury Work Caused Illness Incident MV Accident Near Miss First Aid

EMPLOYEE

Given Name: _____

Surname: _____

Gender: Male Female

Job Details

Incident Location: _____

Shift: Day Afternoon Night

Time Commenced Work: _____

Time Finished Work: _____

Description of Occupation: _____

Main Tasks Performed: _____

Training Provided:

Induction Task Specific No Training

Other: _____

Details of Incident or Injury

Date of incident / injury: _____

Time of incident / injury: _____

Date reported: _____

Time reported: _____

Nature of incident / injury and / or damage to property:

Part of body injured / affected: _____

Is this a recurrence of a previous illness/injury? Yes No

Description of occurrence of incident / injury:

(a) Which party of the workplace did the incident / injury occur? (eg: floor, kitchen, Unit 20, garden) _____

(b) What were you doing at the time & what happened (include processes, equipment & chemicals)? _____

Name of any witnesses: _____

Medical Attention provided:

First Aid Ambulance

Doctor / Medical Treatment Nil Required

Signature: _____

Date: _____

MANAGER

Investigation

What factors lead to the incident occurring?

(eg: technical / human / design / environmental / systems / materials) _____

Workers experience in task being carried out when the incident / injury occurred: Years: _____ Months: _____

Has the worker been trained in this task / procedure?

Yes No If yes, specify date: _____

Prevention Strategies

Preventative action proposed or taken:

Immediate Corrective Action	Responsible Person	Date to be completed	Actual Date Completed

Long Term Corrective Action	Responsible Person	Date to be completed	Actual Date Completed

Injury Management

Return to work status:

Worker RTW? Yes No

Date RTW on Partial / Alternative Duties: _____

Date RTW on Full Duties: _____

Manager Name: _____

Signature: _____

Date: _____

Stafflink Workforce Management Comments/Review/Follow Up:

Name	Title	Signature	Date

Comments: _____