

INCIDENT/INJURY REPORT

To be completed for ALL incidents or accidents where an injury has or could have occurred.

PART A/B: COMPLETED BY THE SUPPORT WORKER/OR RELATIONSHIP MANAGER

If Part A and B have been completed, please paste the responses below and continue to Part C/D.

PART C: INVESTIGATION (TO BE COMPLETED BY MANAGEMENT)

Did the incident occur as part of the persons normal activities?

Did the work environment contribute?

Did equipment contribute?

Was the equipment used designed for the activity?

Was the equipment properly maintained?

Did the equipment fail?

Was appropriate PPE Used?

Was the person trained in this activity?

Did a known behaviour contribute?

Is there a known behaviour management plan?

Was the behaviour management plan followed?

After reviewing the above prompts and through interviews with the persons involved and witness's what is the identified cause(s):

RECOMMENDED ACTIONS:

	Develop/review task procedures		Improve work environment		Review OHS policy/programs
	Replace equipment		Provide mentoring		Skill development/training
	Improved personal protection		Improve security		Investigate safer alternatives
	Provide debriefing and/or counselling		Other. Please Specify:		

IN YOUR OWN WORDS WHAT HAS BEEN IMPLEMENTED OR PLANNED TO PREVENT RECURRENCE:

Action(s) to be Taken	Person(s) Responsible	Date Completed

Name

Title:

Signed:

Date:

PART D: WORKER CLAIM (COMPLETED BY RETURN-TO-WORK MANAGER)

Did the injured person stop work?

If yes, the date the person stopped working:

Has the person returned to work?

If yes, the date the person returned to work:

REQUIRED ACTIONS:

Does WorkCover need to be notified?

If yes, date that WorkCover was notified:

Reference Number:

Has the Employee been given a work cover claim form?

If yes, has the claim form been returned by the employee?

Has the claim form been completed?

If yes, what date has BOTH employee and employer form been given to insurer:

Name

Title:

Signed:

Date: