Seawolf Building Co.

Injury/Incident Report

1. Site

2. Specific Location

Shop, shed, unit no, floor, building; Street no and name; Locality / suburb

3 Personal data of injured person:

Name

Residential address

Date of birth Sex (M/F)

4 Occupation or job title of injured person:

5 Period of employment of injured person:

- ☐ 1st week
- ☐ 1st month
- ☐ 1-6 months
- ☐ 6 month-1year
- ☐ 1-5 years
- ☐ Over 5 years
- ☐ Non-Worker

6 Treatment of injury:

- ☐ Nil
- ☐ First-aid
- ☐ Doctor (not hospitalised)
- ☐ Hospitalised

7 Time and date of incident/injury:

Time am/pm

Date

Shift ☐ Day ☐ Afternoon ☐ Night

Hours worked since arrival at work

8 Mechanism of incident:

- ☐ Fall, trip or slip
- ☐ Hitting objects with part of the body
- ☐ Sound or pressure
- ☐ Being hit by moving objects
- ☐ Biological factors
- ☐ Chemicals or other substances
- ☐ Mental stress

9 Agency of incident:

- ☐ Machinery or (mainly) fixed plant
- ☐ Mobile plant or transport
- ☐ Powered equipment, tools or appliances
- ☐ Non-powered hand tools, appliances and equipment
- ☐ Material or substance
- ☐ Environmental agency
- ☐ Animal, human or biological agency (not bacteria or virus)
- ☐ Bacterial or virus

10 Body part:

- ☐ Head
- ☐ Neck
- ☐ Upper limb
- ☐ Lower limbs
- ☐ Systemic (internal organs)

11 Nature of injury or disease: (specify all)

- ☐ Work hearing loss
- ☐ Fatal
- ☐ Fracture of spine
- ☐ Puncture wound
- ☐ Other fractures
- ☐ Poisoning and toxic effects
- ☐ Dislocation
- ☐ Multiple injuries
- ☐ Sprain or strain
- ☐ Damage to artificial aid
- ☐ Head injury
- ☐ Disease, nervous system
- ☐ Internal injury of trunk
- ☐ Disease, musculoskeletal
- ☐ Amputation, incl. Eye
- ☐ Disease, skin
- ☐ Open wound
- ☐ Disease, digestive system
- ☐ Superficial injury
- ☐ Disease, infectious or parasitic
- ☐ Bruising or crushing
- ☐ Disease, respiratory system
- ☐ Foreign body
- ☐ Disease, circulatory system
- ☐ Burns
- ☐ Tumour (malignant or benign)
- ☐ Nerves or spinal cord
- ☐ Mental disorder

12 Where and how did the incident/injury happen?

If not enough room, attach separate sheet or sheets

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13 Has an investigation been carried out? Yes / No

Was a significant hazard involved? Yes / No

Completed by: Employer or employer's representative (delete which is not applicable)

Name and position Signature Date