

INJURY/INCIDENT NOTIFICATION

1. Details of affected person:

Surname _____ Given Name/s _____
 Employee / contractor / member of the public / other (please circle) _____
 Address _____
 Suburb _____ State _____ Post Code _____
 Home Phone _____ Mobile _____

2. Where did the incident happen?

Location _____
 Machine / Area _____
 Date _____ Time _____ am/pm _____

3. Did anyone else see the incident?

Name 1 _____
 Name 2 _____

4. Summarise what happened. Include facts and describe any plant, equipment, process or substance involved and parts of body affected.

5. Was appropriate safety equipment provided?

Yes

No

6. What part of the affected person's body was injured?

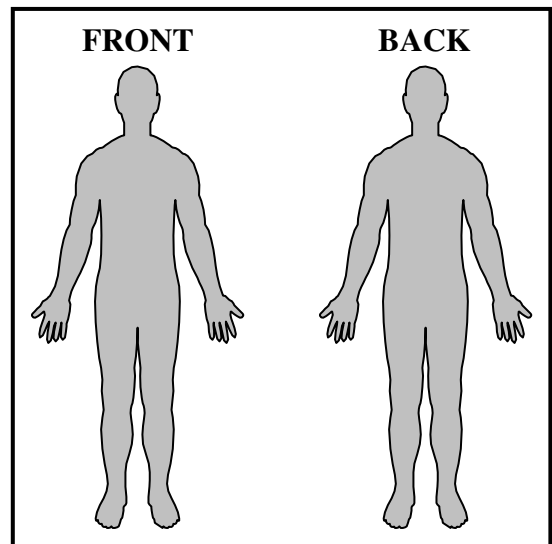
(please indicate on diagram at right)

7. Details of first aid treatment

8. Details of supervisor completing this notification:

Name _____

Signature _____



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9. Location in Building/Site/Paddock where incident occurred

10. Supervisor's Report - Preventative Action

What immediate action is being taken to ensure this incident does not recur?

11. Health and Safety Officer:

Name _____

Date and time advised: Date _____ / _____ / _____ Time _____ am/pm

Preventative action taken _____

Signature _____

FOR SERIOUS INJURY/FATALITY

12. Site Manager's comments on Preventative Action to be taken:

Signature _____

Date _____

13. Managing Director's comments:

Signature _____

Date _____
