Part A - Incident Report Form

Type of Incident (Circle)

Near Miss | Property/Equipment Damage | Injury/Illness | Environmental | Other

Details of Person Involved

Surname	First Name	Date of Birth

Witness Details

Surname	First Name

Incident Details

Date of Incident	Time of Incident	Location of Incident

Incident Reported to	Job Description or Position

Full Description of Incident

Work-Related Injury/Illness Details

Part of Body Injured	Type of Injury/Illness

Severity of Injury ☐ First Aid Treatment ☐ Medical Treatment Injury ☐ LTI ☐

Date first attended Doctor or Hospital

Property or Equipment Damage Details

Property or Equipment Type and Location Details

Equipment Operator

Brief Description of Damager

Immediate Action Taken to Reduce Risk or Hazards

Incident Report Completed By

Print Name	Signature	Date

Please Submit this Form to your Supervisor, who will complete the remainder of the Form

Incident Report Completed By

Likelihood	Consequence		
	Major - A Permanent injury or fatality, high financial loss, significant property or equipment damage, long term environmental harm	Moderate - B Lost time injury or restricted capacity for work injury, medium financial loss, medium property or equipment damage, short term environmental harm	Minor - C First aid or medical treatment only injury, low financial loss, minimal property or equipment damage, no environmental harm
Likely - 1 Could Occur frequently	**High Risk**	**High Risk**	**Medium Risk**
Moderate - 2 Could occur occasionally	**High Risk**	**Medium Risk**	**Low Risk**
Unlikely - 3 Could occur at some time	**Medium Risk**	**Low Risk**	**Low Risk**

Using the risk assessment matrix above, calculate the risk assessment rating of the reported incident

INCIDENT RISK RATING (Low, Medium or High)

Is full investigation recommended? Yes ☐ No ☐

Note: MTI & LTI injuries along with incidents with a risk raging of medium or higher, MUST be investigated

If a full investigation is required, please ensure that "PART B - Incident Investigation Report Form" is also completed

If a full investigation is not required, note any corrective actions which are required to prevent future re-occurrences of the incident. Please note: Do not complete this section if you are undertaking an incident investigation as this will be noted on the incident investigation report form

Corrective Action	Person Responsible	Target Completion Date	Date Completed

Property or Equipment Damage

Estimated Cost of Damage Repair/Replacement or Property or Equipment

Workplace Injury or Illness

Lost Time Incurred Yes ☐ No ☐ Number of days lost

Has the injured/ill employee obtained a First WorkCover medical certificate?
Has a workers compensation claim been lodged?
Is WorkSafe WA notification of the injury/illness required?

Incident Report Closed

Note: Incident report can only be closed by the Supervisor who completed the above information, and only if no investigation is required

Print Name Signature Date