

Occupational Health and Safety



Birds Australia
CONSERVATION THROUGH KNOWLEDGE

ACCIDENT/INCIDENT REPORT

Type of Incident (please tick):

Near hit

Medical Treatment Case

Other Significant Event

First Aid Case

If Medical Treatment Case, where was treatment obtained? _____

Work site details:

Project location: _____

Project manager: _____

Incident details:

Incident/injury: _____

Day: _____ Date: _____ Time: _____

Injured person: _____ Male/female

Type of injury: _____

Body part injured: _____

Location of accident/incident: _____

Witness/es: _____

Task undertaken by injured party: _____

What safety instructions and/or training were given prior to the project? _____

What Personal Protective Equipment (PPE) was the injured person wearing at time of incident? _____

Describe the incident/accident, and identify the cause: _____

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What action(s) has been taken at the work site level to prevent a recurrence?

Date action(s) implemented: _____

Did the injury relate to a pre-existing injury or medical condition? Yes No

If 'Yes', was this condition disclosed to the group? Yes No

Was an appropriate entry made in the Register of Injuries? Yes No

Further action recommended by Project Manager: _____

Signed: _____ Date: _____

Injured person (Please print): _____

Signed: _____ Date: _____

Project Manager (Please print): _____

Reported to OH&S Committee Meeting held on: / /

Comments: _____

Signed: _____ (Chairperson) Date: / /