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| --- |
| The incident report (injury, incident or near miss) must be reported to your Manager/Supervisor within 24 hours of the incident. Alternatively, email a scanned copy to < Enter email address >.  For serious incidents immediately advise < Enter contact name and mobile number >. |

# Section 1 – Incident details

## 1.1 Brief incident information *(Involved person to complete sections 1.1 – 1.6)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of incident: |  | | **Time of incident:** |  | | **Weather conditions:** | |  |
| Involved person – given name: |  | | | **Date of birth:** | | |  | |
| Involved person – surname: |  | | | **Employee ID/number:** | | |  | |
| Location of incident: |  | | | | | | | |
| Nature and extent of injuries: |  | | | | | | | |
| Incident description:  *(What happened?)* |  | | | | | | | |
| Witness | **Name:** |  | | | **Contact details:** | |  | |
| Incident reported to: | **Name:** |  | | | **Date reported:** | |  | |

## 1.2 Company property/equipment damage

|  |  |
| --- | --- |
| Extent of damage to company property/equipment: |  |
| Vehicle or equipment fleet number/registration: |  |
| Trailer fleet number/registration(s): |  |

**1.3 Third parties involved**

|  |  |
| --- | --- |
| Name and contact information: |  |
| Nature and extent of injuries: |  |
| Extent of damage to other property/equipment: |  |

## 1.4 Diagram of the incident *(Include landmarks, street names, traffic signals, site map etc.)*

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| *(Take photographs of the site, vehicles, damage and other relevant information)* |

**1.5 Immediate containment actions** *(Describe actions taken to contain/control this incident)*

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|  |

## 1.6 Incident statement acknowledgement *(Person providing details acknowledges the information recorded is true and correct)*

|  |  |  |
| --- | --- | --- |
| Name: | Signed: | Date: |

## 1.7 Incident report receipt acknowledgement *(Person receiving incident report acknowledges receipt of the document.)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Signed: | Date: | Incident number: |