|  |
| --- |
| **Incident Report Form (injured person to complete page 1)**  |
| **Particulars of incident:** |
| Date: | Time: | Location: |
| **Type of incident (please circle below):** |
| Injury Illness Near miss Notifiable event Other: |
| Reported by: | Phone: |
| Role in the event: | Email: |
| **The injured person:** |
| Name: | Address: |
| Phone: |  |  |
| **Witness(s):** |
| Name: | Phone: |
| **Describe the incident:**  *(space overleaf for diagram if needed)* |
|  |
|  |
|  |
|  |
|  |
| **Describe any illness or injury:**  *What part of the body is affected and how?* |
|  |
|  |
|  |
|  |
|  |
| **Describe any property damage:** *What damage was caused and how?* |
|  |
|  |
|  |
|  |
|  |
| **Treatment: please circle below):** |
| None First Aid Doctor Ambulance  |  Other |
|  |
| Injured Persons Signature: | Date Completed |
| Business Owner Signature: | Date completed: |

Incident Report no:

Incident Report no:

|  |
| --- |
| **Incident Investigation Report Form (Live Smart EP to complete page 2)**  |
| **Contributing factors to the incident:**  |
|  |
|  |
|  |
|  |
|  |
| **How was the injury sustained?** |
|  |
|  |
|  |
|  |
|  |
| **Corrective / Preventative action recommended** |
|  |
|  |
|  |
|  |
|  |
| Injured Persons Signature: | Date Completed |
| Business Owner Signature: | Date completed: |

Process to be completed:

* Copy to be provided to injured person
* Copy to be filed by business owner
* Add to incident register

|  |
| --- |
| Policy Name: Complaints Policy |
| Owner: | Steven Jeffery | Applies to: | Steven Jeffery |
| Version: | V1.0 | Approved by: | Steven Jeffery |
| Version date: | 26/9/19 | Next review date: | 26/9/22 |