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| **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)* | | | |
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| **Describe any illness or injury:**  *What part of the body is affected and how?* | | | |
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| **Describe any property damage:** *What damage was caused and how?* | | | |
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| **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:** | |
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| **How was the injury sustained?** | |
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| **Corrective / Preventative action recommended** | |
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|  | |
|  | |
| 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 |