

INCIDENT AND INJURY REPORT FORM

**Instructions**: Please complete Parts A and C (if incident has occurred), or Parts B and C (if injury has occurred), within 24 hours of the event occurring, and forward to Principal Solicitor immediately.

*Please attach extra sheets if you require more on this form.*

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| **Part A: Details of incident (eg property, plant or environmental damage)** |
| Date of incident |  | Time of incident |  |
| Nature of incident | * Physical assault
* Verbal assault
* Slip and/or trip
* Self-harm
* Near miss (i.e. incident nearly occurred and could be prevented in the future)
* Left premises
* Medical condition
* Other
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| Location of incident |  |
| Description of incident |  |
| Name of person who received the report |  | Telephone |  |
| Reported to authorities, if appropriate? |  Yes Provide details (when and whom): No  |
| **Part B: Details of injury (e.g. to a staff member or consumer client) and treatment** |
| Date of incident |  | Time of incident | am  pm  |
| Name of injured person |  | Date of birth |  |
| Exact site location where injury occurred |  | Telephone |  |
| Activity in which the person was engaged at the time of injury  | *(e.g. during a visit, in a break, in the office)* |
| Nature of injury | * Sprain / strain
* Open wound
* Fracture
* Bruising (contusion) or crushing
* Burn
* Psychological injury (e.g. from aggression or harassment)
* Slip, trip or fall
* Object in the eye
* Choking
* Near miss (i.e. an injury that nearly occurred and could be prevented in the future)

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Body location of injury if physical (indicate location of injury on the diagram) | FT_REAR |

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| Treatment given on site |  | Name of treating person |  |
| Referral for further treatment? |  Yes Name of doctor or hospital: No  | Medical certificate received? |  Yes Attach copies No  |

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| Injury management required? |  Yes Notify return to work coordinator No | Name of return to work coordinator |  |
| Reported to authorities |  Yes Provide details (when and whom): No  |
| **Witness to event (each witness may be contacted to provide an account of what happened)** |
| Witness name |  | Witness phone number |  |
| **Part C: Investigation** |
| **Cause of incident or injury** |
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| **Completed by** |
| Name |  | Position |  |
| Signature |  | Date |  |
| **Preventative actions (include what needs to be done, who will do it and when it will be done)** |
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| Completed by |
| Name |  | Position |  |
| Signature |  | Date |  |
| Manager’sSignature |  | Date |  |

Any further comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NB: Please ensure a copy or the original report is forwarded to the Office manager to be logged and filed into the Street Law Centre Incident Records File.