

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 | | | |
| 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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| 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.