

Incident Report Form

Purpose

This form must be completed for all incidents, near misses, hazards, or injuries occurring in the workplace or during work-related activities (including community or client visits).

The report assists in identifying causes, preventing recurrence, and ensuring compliance with WHS and workers compensation obligations

Any incident report can be completed by; any staff member present during an incident, i.e. person affected/ involved or a witness.

1. Incident Details

FIELD	INFORMATION
Date of Incident:	
Time of Incident:	
Location / Site:	(e.g. Office, client home, hospital, vehicle, community setting)
Type of Incident:	<input type="checkbox"/> Injury <input type="checkbox"/> Near Miss <input type="checkbox"/> Property Damage <input type="checkbox"/> Hazard <input type="checkbox"/> Behavioural / Aggression <input type="checkbox"/> Vehicle
Description of Incident:	(Describe what happened in detail - include sequence of events, environment, and immediate causes)

2. Persons Involved

Name:	
Position / Role:	
Contact Details:	
Employment Type:	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor <input type="checkbox"/> Client
Injury Sustained:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nature of Injury (e.g. sprain, cut, psychological stress, manual handling strain):	
Body Part Affected:	
First Aid Provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid Details / By Whom:	

3. Witnesses (if any)

Name	Contact	Statement Taken (Y/N)

4. Immediate actions take

- Area made safe
- Equipment removed / tagged out
- Supervisor notified
- Worker sent for medical treatment
- Insurer notified
- Photos taken (attach)
- Other:

Describe immediate actions taken to prevent further risk:

5. Investigation

Conducted by: _____

Position: _____

Date of Investigation: _____

Root Cause(s) Identified:

- Unsafe act
- Unsafe condition
- Lack of training / instruction
- Inadequate maintenance
- Psychosocial factors (stress, aggression, workload)
- Other (specify): _____

Contributing Factors / Comments:

6. Corrective/ Preventive Actions for future

Reason for incident	Responsible for incident/person	How can this be mitigated in future

7. Notification Requirement

Notified To	Date / Time	By Whom	Notes
Insurer (if injury)			
SafeWork NSW (if notifiable incident)*			

Under Section 38 of the WHS Act 2011 (NSW), notifiable incidents (serious injury, illness, or dangerous occurrence) must be reported to SafeWork NSW immediately.

8. Follow up review:

- A) Was corrective action implemented effectively? _____
- B) Are additional controls required? _____
- C) How can this risk be mitigated for future: _____
- D) Date of review: _____
- E) Reviewed by: _____

Retention:

All completed incident reports must be securely stored for **at least 5 years** (WHS Regulation 2017, Clause 51) and be available to SafeWork NSW or SIRA upon request.