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Incident report

1 Details of person reporting the incident

Name:		**Position:**	

2 Incident details

Date / time of incident	DD/MM/YYYY	HH:MM	
Incident type:	☐ Accident ☐ Accident with Injury ☐ Occupatinal Violences ☐ Incident (drug/alcohol)	**Reported to:**	
Injury rating (if applicable)	1 - death 2 - immediate medical treatment required by medical practitioner 3 - immediate medical treatment required by First Aid Officer 4 - medical treatment required by medical practitioner within 24-48 hours 5 - no / limited medical treatment required, employee went home 6 - no / limited medical treatment required, employee remained at work		
Division:	☐ info@taxiguru.org.au (Nurul Polash)		
Location of incident:			

Brief description of incident, including task or activity being performed at time of incident:	

3 Details of injured person

Name:			
Usual workplace:			
Injury description:			
Gender:	☐ Male ☐ Female	**Position:**	
Employment status:	☐ Ongoing ☐ Fixed term ☐ Contractor		

4 Action taken

To be completed by affected employee prior to being submitted to line manager

Health and Safety Rep notified:	☐ Yes ☐ No	**HSR name:**	
First Aid Officer attendance:	☐ Yes ☐ No	**FAO name:**	
First Aid Administered:			
Did you attend a doctor:	☐ Yes ☐ No		
Details of doctor:			
Possible solutions to prevent incident			

recurring:	

5 Witness details

Was there a witness:	☐ Yes ☐ No
Details of witness:	

6 Manager (taxi guru melbourne) to complete

To be completed prior to form being submitted to HR.

Suggested future action to prevent incident recurring:	
manager name and signature:	

7 HR to complete

Date received:			
HR name:			
Incident register updated:	☐ Yes ☐ No	**Incident Number:**	
Date discussed at OHS committee meeting:			
Further action to be taken:			