

Incident, accident & hazard report

Injury or work-related illness procedure

1. Injured employee / person to complete report
2. Report to be forwarded to Supervisor for comment and forwarding to Manager, Workplace Health & Safety, HR Services within 48 hours of incident
3. HR Manager to forward to Head of Work Unit if further action is required

Hazard or near-miss procedure

1. Employee / person discovering hazard to complete report
2. Report to be forwarded to Supervisor for comment
3. Report to be forwarded to Manager, Workplace Health & Safety, HR Services immediately

PERSONAL DETAILS

Name: Date of birth:

Contact phone no: Gender:

Residential address:

Association with SCU: ☐ Employee ☐ Contractor ☐ Other:

If you are an employee, provide the following details:

Position: ☐ Full-time ☐ Part-time ☐ Casual

Work unit: Contact number:

TYPE OF INCIDENT

☐ Hazard ☐ Injury ☐ Near-miss ☐ Work-related illness

Details of incident / injury / work-related illness / hazard (eg *How did it happen?*):

Date: Time: Location:

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DETAILS OF INJURY / ILLNESS / HAZARD

(only to be completed if you are reporting an injury or work-related illness)

Cause of injury / illness / hazard:

☐ Biological ☐ Bodily stress ☐ Car accident ☐ Chemical ☐ Electrical
☐ Fall, trip, slip ☐ Heat radiation ☐ Psychological ☐ Sound & pressure
☐ Struck by object ☐ Other [please specify]:

Nature of injury or illness (eg. *fracture, sprain, etc*):

Location of injury (eg. *right arm, neck, left leg, etc*):

Medical treatment received to date:
(eg. nil, first aid, doctor, hospital, etc)

Details of witnesses: ☐ No witnesses

Name: Contact Phone:

Name: Contact Phone:

.....
 Your full name

.....
 signature

.....
 date

First Aid Officers only: Minor injuries (eg bruising, grazes, paper cuts) **do not** require comments to be provided.