

## 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: .....

.....  
 .....  
 .....

### 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.