

INJURY/INCIDENT REPORT FORM

This form is to be used to report all incidents/accidents.

SECTION A: TO BE COMPLETED BY PERSON INVOLVED OR MEDICAL OFFICER.

PERSON INVOLVED IN ACCIDENT/INCIDENT (*Please print*)

Surname:	First Name:	Date of Birth:			
<i>(please tick)</i> Employee □ Contractor Visitor/Other □	□ Volunteer □	Male 🗆	Female		
Department:	Position:				
DETAILS OF THE ACCIDENT I (tick appropriate box)	NCIDENT 🗆				
Date accident/incident: / /	<u></u>				
Time accident/incident:	am/pm				
Location where accident/incident occurred (please print):					



GPI POLICY - ANNEX B TO OH&S – INJURY INCIDENT REPORT FORM

Part of body a	affected (tick appropr	iate a	nswers)								
ead True eye \Box ear \Box nose \Box mouth \Box teeth \Box face \Box		Internal heart □ lungs		rm left right sho upp elbow forear			d left right □ thumb □ fingers □ palm □	Leg	left right knee lower ankle thigh upper	-	Foot	left right great toe other toes
not applicable												
Nature of Ac abrasion	ure hear la ation for	t attack □ sprai ceration □ hea reign body □ h □	in ring los ernia minor	ss □ strain cuts □ A	1	rs)	□ burn □ scald □ rash		[☐ trau: ☐ elec ☐ chen	tric sh	
not applicable												
Type of Acc striking against □ struck by caught in stepping on other: describe		ident (tick ap stumbling slipping tripping falling		riate and lifting bending twisting stress	swers)		pushing pulling jumping motor vehic	cle		ingest absorj inhala	ption	
not applicable												
Agency of A Vehicle Power tools Animal/Insect	.ccident/I	Buildings Furniture		opriate d	answe	Mobi	le Plant r tools rials			Struct Surfac Sunbu	ces	
	Data	Doliovlast		40 d. 7	1 st 🔿	ot o b	or 2021					

	PI POL	ICY - ANN	IEX B TO C REPORT F		- INJURY I	NCII	DENT
Biological agent Objects		hemicals		Equipme Other	ent		Stress
not applicable							
If reporting an inci	den t , ple	ase describe l	now this occu	rred:			
SECTION B: TO	BE CON	MPLETED BY	Y MANAGER	AND TH	E PERSON	INVO	LVED.
This is an extreme to	ly import	tant section as	the aim of th	e accide	nt/incident in	vesti	gation is
							gation is
to	ve action	that will avo	id reoccurren	ce of a si	milar accide	nt.	gation is
to identify preventati Probable cause on inadequate instruction	ve action	that will avo of Accident / fault of plant	id reoccurren Incident (<i>tic</i> or equipment	ce of a si <i>k approp</i>] _{poor}	milar accider priate answer storage	nt. ∽s)	weather
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to identify preventati Probable cause on inadequate instruction assistance unavailable not applicable Describe how the	ve action r causes accident cident of ACCI on is plan	of Accident / fault of plant equipment lack of attention occurred:	id reoccurren Incident (tic or equipment unavailable on DENT REC	ce of a si	milar accident priate answer storage access accorrect method	nt. (*s)] weather] terrain



(Long Term)

SECTION C:

Manager name

Manager signature

Signed by person involved