

WHS INCIDENT REPORT

PERSON COMPLETING REPORT

First Name:

Surname:

Title: Employee / Contractor / Student / Visitor

Date:

DETAILS OF INCIDENT

Q1 Describe the incident:

Q2 Was the identified incident on RTO's premises?

Q3 Date and time incident occurred:

Date: ___/___/___

Time: _____ am / pm

Q4 Where did the incident occur

Training Room

Front reception

Kitchen

Outside the college premises

Toilets

Other _____

Administration office

INJURY REPORT

In the event of an injury, please complete the following details: (if applicable)

First Name:

Surname:

Title: Employee / Contractor / Student / Visitor

Home

Address:

Suburb

Post Code:

Contact No:

Date of Birth: ___/___/___

Sex: Male / female

Q5 What was the injured person doing at the time of incident?

Q6 Please indicate location of injury on the body by circling estimated location below:



Q7 Did the injured person require medical treatment? Yes No

If yes, where was the treatment undertaken and what medical assistance did the injured person required?

Once this form has been completed, please forward to the RTO office for action and monitoring, the RTO will then forward this form to WHS officer.

ACTION TAKEN/REQUIRED – TO BE COMPLETED BY WHS OFFICER



Q8 Was the risk estimated? Yes No go to Q9
If yes, how was it estimated?

Q9 Was a substitute introduced, and/or isolated and/or engineered to minimise risk? Yes No go to Q10
If yes, what was implemented?

Q10 Was an administrative control put into place? Yes No go to Q11
If yes, what administrative control was put into place?

Q11 Was Personal Protective Equipment required to be introduced? Yes No
If yes, what PPE was implemented?

WHS Risk Assessment Undertaken	YES/NO	Date:
Was an opportunity for improvement identified?	YES/NO	OFI No:
Actions discussed at Quality & Compliance meeting	YES/NO	Date: