

Business name: Maxicom (2103) Limited		Branch/department/Work Area	
1. Particulars of Injury/Incident			
Date of injury/incident		Time	
Location of injury/incident		Date reported DD / MM / YEAR	
2. The Injured Person			
Name		Date of Birth DD / MM / YEAR	
Address		Phone number	
		Length of employment - at the PCBU	
		Length of employment - in this position	
Nature of Injury			
<input type="checkbox"/> None	<input type="checkbox"/> Bruising	<input type="checkbox"/> Strain/sprain	<input type="checkbox"/> Scratch/abrasion
<input type="checkbox"/> Internal	<input type="checkbox"/> Fracture	<input type="checkbox"/> Amputation	<input type="checkbox"/> Foreign body
<input type="checkbox"/> Laceration/cut	<input type="checkbox"/> Burn scald	<input type="checkbox"/> Chemical reaction	
<input type="checkbox"/> Other (specify)			
Body part(s) affected		<input type="checkbox"/> Head	<input type="checkbox"/> Neck
<input type="checkbox"/> Trunk	<input type="checkbox"/> Upper limb	<input type="checkbox"/> Lower limb	<input type="checkbox"/> Systemic internal organs
<input type="checkbox"/> Remarks			
3. Damaged Property			
Property or material damaged			
Nature of damage			
Object/substance inflicting damage			

4. Factors
The injured person
Did they know the correct procedure for the job they were doing?
Were they trained for the task you were doing?
How long had they been working at the task when they had the injury/incident?
Was the injured person rushing or in a hurry?
Were there any factors that may have impacted on the injured person (pressures, tiredness, etc.)?
Were they wearing the correct safety gear?
Was the safety gear in good condition?
Did they undergo a post incident drug test?
Environment
What were the weather conditions at the time of the injury/incident?
What were the lighting conditions at the time of the injury/incident?
Were there any other environmental factors involved?
Vehicle
What kind of vehicle/s were involved?
Was the vehicle being driven on the road at the time of the injury/incident?
When, was the vehicle last serviced?
Was there any faults on the vehicle?
What type of licence does the injured person hold?
What type of terrain was the vehicle being driven on?
Equipment
Was there any other equipment involved?
Was the equipment in good working condition?
Was equipment being used correctly and safely?
Were safety guards in place and working (if applicable)?
Hazards/Risks
Are any hazards/risk involved in this incident on the hazard/risk register?
Was the person injured aware of these hazards/risks?
Did the person injured take all mitigating actions?
Other comments/notes

5. Diagram of Injury/Incident scene

Notes/comments/map key

6. Injured Person Statement

Were you trained for the task you were doing?

Were you wearing the correct safety gear?

Was the safety gear in good condition?

Did you undergo a post incident drug test?

Were you following the right procedure for the job?

Did you assess the hazards of the job sufficiently?

Are the hazards involved on/in the hazard register?

Why do you think the injury/incident happened?

What could be done to prevent it from happening again?

Any other comments?

Name

Date DD / MM / YEAR

Position

Contact phone

E-mail address

Signature

7. Witness Statement # 1

Was the injured person trained for the task they were doing?

Was the person wearing the correct safety gear?

Was the safety gear in good condition?

Did the injured person undergo a post incident drug test?

Why do you think the injury/incident happened?

What could be done to prevent it from happening again?

Any other comments?

Name

Date DD / MM / YEAR

Position

Contact phone

E-mail address

Signature

8. Witness Statement # 2

Was the injured person trained for the task they were doing?

Was the person wearing the correct safety gear?

Was the safety gear in good condition?

Did the injured person undergo a post incident drug test?

Why do you think the injury/incident happened?

What could be done to prevent it from happening again?

Any other comments?

Name

Date DD / MM / YEAR

Position

Contact phone

E-mail address

Signature

If this was a vehicle incident, make sure that a drawing of the incident scene has been added to this report.

[illegible]

What caused the injury/incident?

[illegible]

How serious could it have been?	<input type="checkbox"/> Minor	<input type="checkbox"/> Serious	<input type="checkbox"/> Very Serious
How often is this likely to happen again?	<input type="checkbox"/> Not often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often

