

Incident Report

About this form

The incident report (injury, incident or near miss) must be reported to your Manager/Supervisor within 24 hours of the incident. Alternatively, email a scanned copy to ceo@thames.edu.au

For serious incidents immediately advise CEO, Ruchi Gupta on 0412 371 977

Section 1 – Incident details

1.1 Brief incident information *(Involved person to complete sections 1.1 – 1.6)*

Date of incident:		Time of incident:		Weather conditions:	
Involved person – given name:			Date of birth:		
Involved person – surname:			Employee ID/number:		
Location of incident:					
Nature and extent of injuries:					
Incident description: <i>(What happened?)</i>					
Witness	Name:			Contact details:	
Incident reported to:	Name:			Date reported:	

1.2 Company property/equipment damage

Extent of damage to company property/equipment:	
Vehicle or equipment fleet number/registration:	
Trailer fleet number/registration(s):	

1.3 Third parties involved

Name and contact information:	
Nature and extent of injuries:	

Extent of damage to other property/equipment:	
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1.4 Diagram of the incident *(Include landmarks, street names, traffic signals, site map etc.)*

(Take photographs of the site, vehicles, damage and other relevant information)

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1.5 Immediate containment actions *(Describe actions taken to contain/control this incident)*

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1.6 Incident statement acknowledgement *(Person providing details acknowledges the information recorded is true and correct)*

Name:	Signed:	Date:
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1.7 Incident report receipt acknowledgement *(Person receiving incident report acknowledges receipt of the document.)*

Name:	Signed:	Date:	Incident number:
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