



**IMPACT EXECUTIVE SOLUTIONS PTY LTD
INCIDENT / ACCIDENT REPORTING AND INVESTIGATION FORM**

CLIENT: _____

SITE: _____

1) Type of Event

First Aid Only ☐

Medical ☐

Lost Time ☐

Other- Near Miss
Unusual Incident
Unsafe Act
Unsafe Condition

☐
☐
☐
☐

Surname: _____

First Names: _____

Incident Date: _____

Incident Time: _____

Date Reported: _____

Time Reported: _____

Location of Incident: _____

Reported to: _____ Name of Supervisor: _____

Names of witnesses: _____

Date Form Initiated: _____ By Who: _____

2) Brief Description of Incident (provide attachment if insufficient space provided here):

If any injury occurred, please complete Sections 3) to 5)

3) Personal Details:

Name of Injured person: _____

Address: _____

Date of Birth: _____ Name of Supervisor: _____

Position Title (eg employee, contractor, visitor): _____

4) Injury Details (if space is insufficient, attach supplementary page)

Injury Type (eg sprain, cut etc): _____

Body part injured: _____

Treatment Given: _____

5) What action has or will be taken to prevent recurrence?

Immediate Action: _____

Long Term Action: _____

6) Incident / Accident Investigation

Describe the events leading up, during and after the incident:

Detail the contributing factors relating to the incident:

7) **Department Manager/Section Supervisors Comments and Recommendations**

Signature: _____

Date: _____

DISTRIBUTION

8) **Client Senior Management:**

Surname: _____

First Names: _____

Signature: _____

Date: _____

Client OHS / Human Resources Management:

Surname: _____

First Names: _____

Signature: _____

Date: _____

Impact Executive Solutions:

Surname: _____

First Names: _____

Signature: _____

Date: _____