

## Incident Report

Person involved			
Workplace Location			
Injured Persons Name			
Home Address			
Date of Birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Volunteer Section Steward			
Incident Type			
What type of incident occurred <i>Please tick whichever apply</i>	<input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Serious or Dangerous <input type="checkbox"/> Fatality <input type="checkbox"/> Environmental <input type="checkbox"/> Damage to property <input type="checkbox"/> Near Hit		
Details of Injury			
Date of Injury		Time of Injury	:   am <input type="checkbox"/> pm <input type="checkbox"/>
Activity in which the person was engaged in at the time of injury			
Exact location where injury occurred			
Nature of injury e.g. fracture, burn, sprain, foreign body in eye.			
Details of Treatment			
Treatment provided by First Aid Officer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Remarks:	
Follow up treatment required	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes, an Incident Investigation Report must be completed with 24 hours</i>	
Doctor/ Medical Centre attended			
Date attended		Medical Certificate Received	Yes <input type="checkbox"/> No <input type="checkbox"/>
Further consultation required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Injury Management required	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, notify the Office Manager</i>
Name of Witness			
Address of Witness			
OFFICE USE ONLY - Notifiable Incident			
Is this a notifiable Incident		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did this incident involve:			
Damage to Asset owner NT Government		Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Asset Owner Notified:
Damage to Power Water Assets		Yes <input type="checkbox"/> No <input type="checkbox"/>	Date PWC Notified:
Serious Injury or Dangerous Incident		Yes <input type="checkbox"/> No <input type="checkbox"/>	Date NT Work Safe Notified
Negative environmental impact		Yes <input type="checkbox"/> No <input type="checkbox"/>	Date EPA NT Notified
OFFICE USE ONLY - Who is this initial report to be sent to:			
<input type="checkbox"/> President CASS		<input type="checkbox"/> Blatherskite Trustees	
<input type="checkbox"/> NT WorkSafe		<input type="checkbox"/> EPA NT	
<input type="checkbox"/> PWC		<input type="checkbox"/> Other	

Insert further details or sketch on this page.