

Authority Potential/Actual Serious Incident Reporting Form

1 Particulars of employer: (Business name and address)

2 Location of place of work:

Shop, shed, unit no, floor, building; Street no and name; Locality / suburb

3 Personal data of injured person:

Name	
Residential address	

Date of birth Sex (M/F)

4 Occupation or job title of injured person:

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5 Period of employment of injured person:

1 st week	1 st month	1-6 months
6 months-1year non-employee	1-5 years	Over 5 years

6 Treatment of injury:

Nil	First-aid	Doctor hospitalised	(not hospitalised)
Hospitalised			

7 Time and date of incident/serious harm:

Time am/pm

Date

Shift Day Afternoon Night

Hours worked since arrival at work

8 Mechanism of incident/serious harm:

Fall, trip or slip	Hitting objects with part of the body
Sound or pressure	Being hit by moving objects
Body stressing	Heat, radiation or energy
Biological factors	Chemicals or other substances

Mental stress

9 Agency of incident/serious harm:

Machinery or (mainly) fixed plant
 Mobile plant or transport
 Powered equipment, tools or appliances
 Non-powered hand tools, appliances and equipment
 Chemical or chemical products
 Material or substance
 Environmental agency
 Animal, human or biological agency (not bacteria or virus)
 Bacterial or virus

10 Body part:

Head	Neck	<input type="checkbox"/> Trunk
Upper limb	Lower limbs	<input type="checkbox"/> Multiple locations
Systemic (internal organs)		

11 Nature of injury or disease: (specify all)

Fracture of spine	Fatal
Other fractures	Puncture wound
Dislocation	Poisoning and toxic effects
Sprain or strain	Multiple injuries
Head injury	Damage to artificial aid
Internal injury of trunk	Disease, nervous system
Amputation, incl. eye	Disease, musculoskeletal
Open wound	Disease, skin
Superficial injury	Disease, digestive system
Bruising or crushing	Disease, infectious or parasitic
Foreign body	Disease, respiratory system
Burns	Disease, circulatory system
Nerves or spinal cord	Tumour (malignant or benign)
Occupational hearing loss	Mental disorder

12 Where and how did the incident/harm happen?

If not enough room, attach separate sheet or sheets

13 Has an investigation been carried out? yes/no

Was a significant hazard involved? yes/no

Completed by: Employer or employer's representative (delete which is not applicable)

Name	and		Signature		Date	
position						