

## 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	<div style="border: 1px solid black; height: 20px;"></div>
Residential address	<div style="border: 1px solid black; height: 20px;"></div>
	<div style="border: 1px solid black; height: 20px;"></div>

Date of birth  Sex (M/F)

### 4 Occupation or job title of injured person:

### 5 Period of employment of injured person:

1 <sup>st</sup> week	1 <sup>st</sup> month	1-6 months
6 months-1 year	1-5 years	Over 5 years
non-employee		

### 6 Treatment of injury:

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

### 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