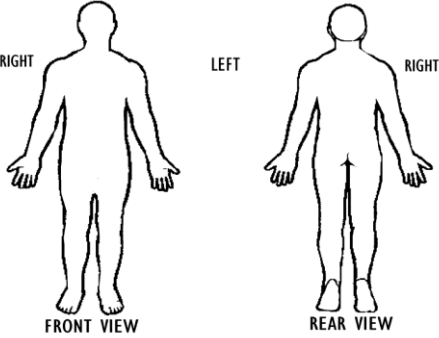


Sample Incident Form

Instructions: Please complete within 24 hours of the event occurring, and forward to Manager immediately. *Please attach extra sheets if you require more on this form.*

Incident Form Part A: Details of incident (eg property, plant or environmental damage)			
Date of incident		Time of incident	am / pm
Nature of incident	Hazard Near miss (i.e. incident nearly occurred and could be prevented in the future) Physical assault Verbal assault Slip and/or trip Self-harm Left premises Medical condition Other		
Location of incident			
Description of incident			
Name of person who received the report		Telephone	

Incident Form Part B: Details of injury (e.g. to a staff member or client) and treatment

Date of incident		Time of incident	am pm
Name of injured person		Date of birth	
Exact site location where injury occurred		Telephone	
Activity in which the person was engaged at the time of injury	<i>(e.g. during a visit, in a break, in the office)</i>		
Nature of injury	<p>Sprain / strain</p> <p>Open wound</p> <p>Fracture</p> <p>Bruising (contusion) or crushing</p> <p>Burn</p> <p>Psychological injury (e.g. from aggression or harassment)</p> <p>Slip, trip or fall</p> <p>Object in the eye</p> <p>Choking</p>		
Body location of injury if physical (indicate location of injury on the diagram)			
Treatment given on site		Name of treating person	

Referral for further treatment?	<input type="checkbox"/> Yes Name of doctor or hospital: <input type="checkbox"/> No	Medical certificate received?	<input type="checkbox"/> Yes Attach copies <input type="checkbox"/> No
Injury management required?	<input type="checkbox"/> Yes Notify return to work coordinator <input type="checkbox"/> No	Name of return to work coordinator	
Reported to authorities	<input type="checkbox"/> Yes Provide details (when and whom): <input type="checkbox"/> No		

Witness to event (each witness may be contacted to provide an account of what happened)

Witness name		Witness phone number	
Witness name		Witness phone number	

Incident Form Part C: Notification:	Notifiable Incident? <input type="checkbox"/> No <input type="checkbox"/> Yes
If it is a notifiable incident, has NSW WorkCover and or Insurer notified? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Body Notified <input type="checkbox"/> NSW WorkCover <input type="checkbox"/> Insurer	Date and time of notification
Method of notification	Name of notifier
Notes: (eg notification number)	

Incident Form Part D: Investigation and Follow-Up

What actions (if any) contributed to this incident?

What were the reasons for these actions?

What conditions (if any) contributed to this incident?

What were the reasons for these conditions existing?

Provide details of any further action required

eg changes to training, equipment modifications, changes to procedures

Incident Form Part E: Action Plan

Preventative actions

include what needs to be done, who will do it and when it will be done

Person to action:

Due Date:

Actions complete: No Yes

Due date extended to:

Additional comments:

Completed by

Name		Position	
Signature		Date	
Manager's Signature		Date	

All material presented or produced by the Mental Health Coordinating Council (MHCC) is for guidance purposes only. The information should be reviewed in relation to your organisation's individual circumstances and policies