ROBERTSON'S REMEDIAL & PAINTING

Form 08.1 — Incident Report Form

Form ID	Owner	Evidence location	Complete when
08.1	Site Supervisor / Project Manager	Breadcrumb; PIMS for investigation	Immediately after incident, near miss or service strike
Use: Record event classification, injury details, causes, notifications and corrective actions.			

Step 1 — Reporting details

I am reporting:	☐ Damage ☐ Near Miss ☐ Service Strike ☐ Illness ☐ Injury
If injury, what sub-category?	☐ First Aid Injury ☐ Medical Treatment Injury ☐ Restricted Work Injury ☐ Lost Time Injury ☐ Psychological Injury

Details	
Name of person involved:	
Contact number:	
D.O.B.:	
Gender:	☐ M ☐ F
Emergency contact (name, contact number):	
Job title:	
Supervisor:	
Date of incident:	
Time of incident:	
Address of incident:	
Task being performed at the time:	
First person informed of incident:	
Witness names & contact numbers:	
Witness comments:	

Step 2 — Injury details (indicate area affected)

Nature of injury	Tick	Nature of injury	Tick
Abrasion	☐	Dislocation	☐
Amputation	☐	Fracture	☐
Bite	☐	Laceration	☐
Broken bone	☐	Strain/Sprain/Tears	☐

Nature of injury	Tick	Nature of injury	Tick
Bruise	☐	Burn (chemical)	☐
Burn (heat)	☐	Burn (electrical)	☐
Concussion	☐	Other:	☐

Step 3 — Incident details

Describe the incident (events leading up to and including the incident)

Why did the incident occur? (all relevant factors which may have caused the incident)

Treatment given (e.g. first aid, medical)

Has the insurer been notified?	☐ Yes ☐ No

Step 4 — Corrective actions

What corrective action will be taken?

Sign-off	Name / signature	Date
Name of person completing report:		
Signature of person involved:		
Reviewed by senior management:	☐ Yes ☐ No	

Appendix — attach where relevant: ☐ Photographs ☐ Witness statements ☐ Drawings ☐ Counselling provided for workers ☐ Other information