



# REGISTER OF INJURY / INCIDENT / HAZARD & INVESTIGATION FORM

Accident/Injury       Incident       Hazard       Near Miss

PART A – INCIDENT DETAILS	
Employee Name:	Parish:
Date of Birth:	Job Title:
Date of Incident: / / Time: a.m./ p.m.	Date reported: / / Time a.m./ p.m.
Task being performed:	
Location where accident occurred (e.g. warehouse, office):	
What happened? Please include what work was being done, any tools or equipment involved: (e.g. slipped on wet floor whilst cleaning):	
Witnesses (if any):-	
Person completing the register (if not injured worker):	
Part B - INJURY DETAILS	
Nature of injury (e.g. cut, bruising, sprain)	
Body location of injury (e.g. shoulder, back)	
<i>Injury Treatment</i>	<input type="checkbox"/> No treatment
	<input type="checkbox"/> First Aid <i>Treatment Provided By:</i>
	<input type="checkbox"/> Doctor <i>Details:-</i>
	<input type="checkbox"/> Hospital <i>Details:-</i>
Is this a lost time injury?	
Is a Workers Compensation Claim being made?	

Part C – ACKNOWLEDGMENT OF INJURY / DATE OF ENTRY		
Employee	Signature	Date
Employer/Warden	Signature	Date



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Part D – ACCIDENT / INCIDENT INVESTIGATION (to be completed for all reported incidents)							
Contributing Factors to Consider							
Person	Y	N	NA	Environment	Y	N	NA
Aware of the hazard				Adequate temperature conditions			
Suitable for the task				Adequate lighting			
Experienced at the task				Adequate working space			
Familiar with the work area				Clear floor and walkways			
Inducted to the site / task				Adequate housekeeping			
Using appropriate PPE				Safe noise level			
Job/Task	Y	N	NA	Equipment	Y	N	NA
Was training provided				Correct equipment used			
Supervision provided				Equipment in correct location			
Job Analysis performed				Equipment guarded			
Work procedures available				Preventative maintenance complete			
Task not modified / changed				Equipment working properly			
PPE provided				Equipment had not been modified			
Other contributing factors?							

Part E – RECOMMENDATIONS		
Please suggest possible solutions how to prevent a recurrence:		
<b>Can the risk be eliminated?</b> (circle Y or N)	<b>Y</b>	<b>N</b>
Why or How:		
<b>Can equipment or materials be substituted?</b> (circle Y or N)	<b>Y</b>	<b>N</b>
Why or How:		

PART F - ACTION PLAN		
Recommended Actions	Implementation Date	Responsibility

Part G – COMPLETION / SIGNATURES		
Employee	Signature	Date
Employer/Warden	Signature	Date