

# AIWT INCIDENT REPORT FORM

## INSTRUCTIONS TO USE THIS FORM -

All Incident at AIWT must be reported to Student Services.

**Major Incident** (must be reported immediately) Death, Serious Injury or illness (fracture of the skull, spine, pelvis, arm or leg except wrist or ankle, damage or loss to eye requiring immediate treatment in hospital and/or resulting no return to work for more than 10 days)

**Dangerous Incident including "near misses"** (must be reported to safe work) Uncontrolled escape, spillage or leakage of a substance, implosions or explosion or fire; uncontrolled escape of gas or steam; uncontrolled escape of pressurized substance; electric shock; fall or release from a height of any plant, substance or thing; collapse or partial collapse of a structure;

**Minor Incident** (must be reported within 48 hours of the event) Injury, Illness, Property damage, Equipment fault, Bullying, Disruptive behavior, Prejudice, Theft, Noise;

Section 1 - Details of Person directly affected by the incident			
Date & Time of Incident			AM/ PM
Date & Time of Report			AM/PM
Family Name:		Given Name:	
Phone contact:		Email:	
Address:		Suburb: Postcode:	
<input type="checkbox"/> Employee	<input type="checkbox"/> Student (List ID)	<input type="checkbox"/> Visitor	
<input type="checkbox"/> Apprentice/ Trainee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other _____	
Section 2: Incident Type			
<input type="checkbox"/> Major Incident <input type="checkbox"/> Dangerous Incident including "near misses" <input type="checkbox"/> Minor Incident			
Section 3: Incident Details or Nature of Event/ Damage			
Type of Incident: _____ Incident has been reported to whom? _____			
Witness: _____ Location of Incident _____			

# AIWT INCIDENT REPORT FORM

**Brief Description of the Incident/ Event/ Damage:**

**Why did the Injury/ Illness happen? Please circle**

- Slip, trips, falls       Hit by object       Body stressing       Chemical & Other substances  
 Sound/ Noise       Heat/ Radiation       Electricity       Biological Hazards  
 Mental/ Psychological       Physical Abuse       Robbery/ Hold up  
 Other

**Nature of Injury? Please circle**

- Fracture       Sprain/ Strain       Laceration/ Open wound  
 Contusion/ Crushing       Burns       Soft Tissue Injury  
 Absorption via inhalation or digestion      Other: \_\_\_\_\_

**Location of Injury**

- Back       Head/Face       Hand/Fingers       Internal Organs       Eye  
 Foot/Toes       Hip/Leg       Trunk       Shoulder Arms       Other \_\_\_\_\_

**Results of Incident**

- Lost Time due to injury:      Y / N      No. of Days: \_\_\_\_\_  
 Worker's Compensation:      Y / N  
 Treatment Received:       First Aid:       Clinic:  
     Hospital:       Ambulance called

Date: \_\_ / \_\_ / \_\_\_\_

Signature of affected person: \_\_\_\_\_

Signature of AIWT representative: \_\_\_\_\_

**OFFICE USE ONLY:**

- Does this incident need reporting to SAFE WORK (*Major & Dangerous*)  
 Has the OHS representative and Management been informed      Yes/ No

**Corrective Actions**

Immediate Action required: Who: \_\_\_\_\_ What: \_\_\_\_\_  
 Controls for improvements/ preventions have been identified: \_\_\_\_\_ What: \_\_\_\_\_  
 Recommendation for action: \_\_\_\_\_ Date: \_\_\_\_\_  
 Person responsible for corrective action:  
 Coordinator: \_\_\_\_\_ Director:/ CEO \_\_\_\_\_  
 Investigating/ OHS Officer: \_\_\_\_\_

**Actions Completed:** Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Further review or action required?** Yes/ No