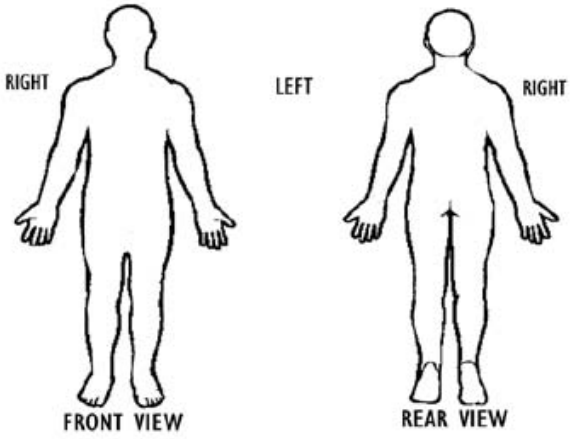
CW014 – INCIDENT AND INJURY REPORT

Details of incident (eg to a worker or visitor) and treatment			
Date of incident			
Time of incident	☐ am ☐ pm		
Nature of incident	☐ Near miss ☐ First aid ☐ Medical treatment/doctor		
Name of injured person			
Address			
Occupation			
Date of birth			
Telephone			
Employer			
Activity in which the person was engaged at			
Exact site location where injury occurred			
Nature of injury – eg fracture, burn, sprain,			
Body location of injury (indicate location of injury on the diagram)			
Treatment given on site		Name of treating person	
Referral for further treatment? Yes ☐ No ☐	Name of doctor or hospital	WorkCover medical certificate received? Yes ☐ No ☐	Attach copies
Witness to incident (each witness may need to provide an account of what happened)			
Witness name		Witness contact	
Witness name		Witness contact	

Details of incident (eg property, plant or environmental damage)		
Date of incident	Time of incident	☐ am ☐ pm
Location of incident		
Details of damage to Equipment or property		
Name of person who Received the report		Telephone

Description of incident

Immediate response actions (eg barricades, isolation of power) to stabilise the situation

Reported to	
Reported to Supervisor? Yes ☐ No ☐	Provide details (when, reported to and reported by):
Reported to police / authorities? Yes ☐ No ☐	Provide details (when, reported to and reported by):
Reported to workers compensation insurer? Yes ☐ No ☐	Provide details (when, reported to and reported by):

Completed by			
Name		Position	
Signature		Date	