

Accident and Incident report form



EVENT TYPE (circle one)

- General Works Event Dangerous Event Serious Electrical Incident
 Dangerous Electrical Event

INCIDENT OUTCOME

- Work Injury Serious Bodily Injury Work Caused Illness

Was injury/illness fatal? Yes No

If an electrical incident, has the electrical entity been notified? Yes No

Did injury lead to a Work Cover claim? Yes No

Did this injury result in loss of work? Yes No

If Yes, please specify how long _____

INCIDENT DETAILS

Description _____

Date: ____ / ____ / ____ Time(24Hour) ____ :

Incident workplace address: _____

Incident location: _____

INJURED PERSON'S DETAILS

Name _____ Surname _____

Residential address _____

Contact No. _____

DOB ____ / ____ / ____ Male Female

EMPLOYMENT DETAILS

Full time Casual Contractor Other

Employment Type

Stallholder/Owner Contractor Student Employee of stallholder

Visitor to market Other

First Aid Provided by _____ Signature _____

Person attending accident/incident _____

EMPLOYER/contractor DETAILS _____

ABN: _____ Contact No: _____

If accident/incident occurred at a site other than market site, please provide location

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INJURY DETAILS

Nature of Injury/Illness

- Fracture
- Sprain & Strain
- Burns
- Amputation
- Bruising
- Decompression Illness
- Medical Condition
- Ingestion of substance
- Other _____
- Concussion
- Electric shock
- Acoustic trauma
- Other driving injury
- Abrasions
- Inhalation of substance
- Back Injury
- Psychological
- Crush injuries/internal
- Penetration by object
- Chemical burn
- Splash in eye
- Cuts, scratches, bites

Describe Bodily location of injury / illness _____

Medical Treatment

- Nil
- Doctor only
- Hospital- observation
- CPR performed
- No medical treatment
- Hospital admitted
- First Aid

Provide Hospital Details _____

Mechanism of injury/illness

- Falls, trips & slips
- Body stressing
- Hitting objects with part of the body
- Violence
- Being hit by moving objects
- Sound & pressure
- Mental stress
- Chemical & other substances
- Heat radiation and electricity
- Biological factors
- Other _____

Describe what happened

NOTIFIER DETAILS

Please enter the name, telephone number & email address of the person filling out this form.

Name _____ Contact No _____

Email Address _____