

NAME	AME				SURNAME								
Status Employee				Ctudent		n+	mtoon		\exists	The name of who the			
Status	⊔ EM	pioyee		ontractor	☐ Student	□ Volu	intee	r	□ Visitor		incident/accident		
Payroll		Locat	ion		Supervisor						happened to.		
#					Manager								
If Contractor: name and address of				If Visitor or Volunteer: name and phone									
Contractor					number								
WITNESS	S (If an	y)			1								
Witness					Mobile								
Name Date of /				/Phone					_	Witness is who was			
	Date of			TIME		Where				present when the event			
Incident		,		TINAT		occurre	a			occurred.			
Date	4	/		TIME							Joodined.		
Reported CAUSE O		IDV								- '			
	JE IINJU	INT	Гп	Consumer -	manual handl	ing		li++i	ng an object				
Aggressi	on/ass	ault		Consumer - manual handling				11111	ing an object		Cause of injury is asking		
□ Exposi			☐ Consumer – Aggression/assault				☐ Exposure to				you to identify why the		
chemical						-	electricity			ŀ	incident/accident		
□ Fall on				Hit by obje	ct/trapped by	moving	☐ Exposure to				occurred. If cause of		
surface			object					Radiation			injury isn't listed, please		
□ Fall fro	om hei	ght	☐ Uncapped Needle/needle stick				□ Noise				tick other and write the		
□ Slip/Tr			☐ Mental Stress factors				☐ Repetitive work				reason. E.g. Extreme		
☐ Insect/Animal bite ☐ Vehicle Acc			/ehicle Acci	dent		☐ Muscle stress				=			
							/load			pain, catheter sore or			
☐ Other:											leaking.		
NATURE			1										
☐ Allergy/Sensitivity ☐ Hearing Loss							_	oiratory					
☐ Bruising ☐ Post -Traun							☐ Skin condition			Nature of injury is			
☐ Burn/s				racture/Dislocation			☐ Internal injury				= :		
□ Concussion			□ Superficial wound/abrasion			n	□ Nausea/Vomiting				identifying the nature of		
☐ Contusion/crush		_		/sharps injury		☐ Sprain Strain			the incident/accident that				
□ Electric			☐ Occupational overuse				□P	syc	hological		has occurred. E.g. Back		
shock/ef			□ Doisoning/Toyic offeet				□ Vision impairment				pain		
☐ Exposure to			☐ Poisoning/Toxic		DXIC effect	aic effect		☐ Vision impairment					
heat/cold □ Fainting □ Laceratio			aceration/F	/Deep cut			□ Other:		_				
BODY LC		N	1 1 1	aceration/L	zeep cut		(, (116	-1 -				
□ Ankle	- C 110		⊒ Eye	2	□ Hand	□ Shin/	Calf						
□ Back			⊒ Fac		□ Head	□ Shoul					Body location if a physical		
	□ Buttock				□ Internal	-		ach/trunk			incident/accident has		
			Finge	r/Thumb						· ·			
☐ Chest		[□ Foo	ot/Toes	□ Knee	☐ Thigh	□ Thigh				occurred. E.g. back,		
□ Ear				rearm	□ Neck	☐ Upper arm			stomach				
□ Elbow	□ Elbow □		□ Gr	oin/Hip	□ Not applicable	□ Wrist							
TREATM	ENT O	F INJUI	RY								T		
☐ None required				☐ Attended A & E (treated as an outpatient)				Treatment of injury is					
☐ On site First Aid (remained at				ed at	□ Counselling/ Debriefing				asking what treatment				
work)					-					was required to assist the			
☐ On site First Aid (sent home)				-	☐ Hospitalised (admission)				incident/accident. E.g.				
☐ Medical Treatment (referred to				☐ Other personal support				Hospitalized due to pain					
GP)													



contributing factors)	I LEAD TO THE INJURY AND HOW IT OCURRED	(and any
		Description area needs as much information as possible. Time arrived at shift, what events happened prior to incident/accident happening, what signs/symptoms you seen before you were aware of incident. What you did to help at the time. We need a step-by-step rundown of how everything went. What you did to assist/help. What contributed to the event occurring and how you knew that the incident had happened. This is a legally binding document, please provide as much detail as possible.
		What action was taken? Need to explain what event took place after the incident/event occurred e.g. Ambulance was called or GP appointment was booked.
IMMEDIATE ACTION TAKE		Was incident reported to office or anyone? What is their position in AQC?
Reported to: Completed by:	Position: Signature: Date	Legally needs to be signed and dated on completion.



MANAGEMENT INVESTIGATION								
Date reported to me	/	,	Tim	ne				
Is this a notifiable incident that needs to be reported to SafeWork SA or Other? □ YES Please refer to the Notifiable Incident Procedure								
INCIDENT INVE	STIGATION	What, Wher	ı, Wł	ner	e, Who, Ho	w or	Why?	
WHAT CAUSED	THE ACCID	ENT/INCIDEN	T					
☐ Lack of PPE	□ Ine	ffective trainii	ng		ack of prev	venta	tive	
				ma	intenance			
☐ Unsafe work	□ We	ather		□ V	Vorkplace	desig	n (layout,	
methods				equ	uipment)			
☐ Consumer		Po	or	□ S	Safety polic	y/pro	cedure not	t
behaviour	House	ekeeping	-	foll	owed			
☐ Misconduct	□ Ine	xperience		□ I ı	neffective	guard	ling	
□ Other								
ACTIONS TO BE	ΤΔΚΕΝ ΤΟ	MINIMISE PO	TFN	ΤΙΔ	I FOR REC	CLIRE	NCF	
Action	TAINLIN TO		, . <u></u>		Date		ponsible	
7.00.0.1							son/s	
ADDITIONAL CO	OMMENTS							
7.551116111126								
Is a Worker	☐ No ☐ Yes (inform the Manager by email							
Compensation likely?	info@adelaidequalitycare.com.au							
Investigation discussed								
with and copy	□ NO – Please explain why:							
to Managemen		,	.15.6					
Manager Name								
Signature						Da	/	/
3 3333						te	' '	•
		•					•	

Management fills in this section, please do not attempt to complete.



Office Use only							
Entered date	/	Na		RTW pack □ No			
1		me		□ Yes			
				Signature			
				Date			

Please take into account that an incident report is a legally binding document, it needs to include as much information as possible to not only cover us as a business but yourself as an employee.