

Consumer Name				Staff Name						
(First and last)				(First and last)			T			
Status	☐ Em	ployee	☐ Consumer	☐ Student		☐ Volunteer	□ Visitor			
Location		<u> </u>		Supervisor/Mana	ager					
If Contractor: name	and ac	dress of Con	tractor	If Visitor or Volum		: name and p	hone num	ber		
WITNESS (If any)										
Witness Name				Mobile /Phone						
Date of Incident		1 1	TIME	AM/PM	Wh	ere it				
Date Reported		/ /	TIME	AM/PM		urred				
•										
MEDICATION INCID	ENT						1			
☐ Missed Medicati	on 🗆	Wrong Dos	se 🗆 Wr	ong Medication		Other				
CAUSE OF INJURY										
☐ Aggression/assa			umer - manual					tting an object		
☐ Exposure to che			☐ Consumer – Aggression/assault					☐ Exposure to electricity		
☐ Fall on even surf			ed by moving objec	t			☐ Exposure to Radiation			
☐ Fall from height		☐ Uncapped Needle/needle stick					Noise			
☐ Slip/Trip		☐ Mental Stress factors					☐ Repetitive work			
☐ Insect/Animal bi	□ Vehi	☐ Vehicle Accident					☐ Muscle stress /load			
Other:										
NATURE OF INJURY  ☐ Allergy/Sensitivity ☐ Hearing Loss ☐ Respiratory								a coniratoru		
☐ Allergy/Sensitivit☐ Bruising		☐ Hearing Loss ☐ Post -Traumatic Stress					in condition			
☐ Burn/scald		☐ Fracture/Dislocation					ternal injury			
☐ Concussion		☐ Superficial wound/abrasion					ausea/Vomiting			
☐ Contusion/crush			☐ Needle stick/sharps injury					orain Strain		
☐ Electric shock/effects			☐ Occupational overuse					☐ Psychological		
☐ Exposure to heat/cold			☐ Poisoning/Toxic effect					☐ Vision impairment		
☐ Fainting			ration/Deep cut					☐ Other:		
BODY LOCATION			,, , , , , , , , , , , , , , , , , , ,	-						
☐ Ankle		☐ Eye		☐ Hand		Shin/Calf				
☐ Back		☐ Face		☐ Head	☐ Shoulder					
□ Buttock		☐ Finger/	Thumb	☐ Internal	☐ Stomach/trunk					
☐ Chest		☐ Foot/To	es	☐ Knee	☐ Thigh					
☐ Ear		☐ Forearn	n	☐ Neck	☐ Upper arm					
☐ Elbow		☐ Groin/H	lip	☐ Not	☐ Wrist					
				applicable	e					
TREATMENT OF INJURY										
☐ None required	Attended A & E (treated as an outpatient)									
☐ On site First Aid	☐ Counselling/ Debriefing									
☐ On site First Aid	☐ Hospitalised (admission)									
☐ Medical Treatme	☐ Other personal support									



DESCRIBE THE EVENT THAT LEAD TO THE INJURY AND HOW IT OCURRED (and any contributing factors) What, When, Where, Who, How or Why?							
IMMEDIATE ACTION TAK	EN						
	<del></del>						
Reported to:		Position:					
Completed by:		Signature:		Date:			



MANAGEMENT INV	VESTIGAT	ION							
Consumer type	□нср	□ NDI	IS Private						
Date reported		/ /	/	Time					
Is this a notifiable i	incident t	hat needs	to be reporte		rk SA	or Other?		□ №	
Please refer to the	☐ YES								
Has this incident be	□ №								
□ YES									
INCIDENT INVESTIG	GATION S	5 why's							
WHAT CAUSED THI	E ACCIDEN	1							
☐ Lack of PPE			ective training		Lack of preventative maintenance				
☐ Unsafe work me		☐ Weat			☐ Workplace design (layout, equipment)				
☐ Consumer behav	viour		Housekeeping	;	☐ Safety policy/procedure not followed				
	Misconduct ☐ Inexperience ☐ Ineffective g						ding		
Other	VEN TO 8	ALDUR ALCE I	DOTENITIAL FO	D DECCUPEN	- C-				
ACTIONS TO BE TA	KEN IOW	IINIIVIISE	POTENTIAL FO	R RECCUREN	Date		Bosn	onsible P	orcon/c
Action					Date	1 1	Kesp	onsible P	erson/s
						<u>/ /                                  </u>			
						<u>, , , , , , , , , , , , , , , , , , , </u>			
				<u> </u>					
ADDITIONAL COMMENTS									
Is a Worker Compa	nsation C	`laim		(inform the	Mana	ger hy ema	ail .		
Is a Worker Compensation Claim  □ No □ Yes (inform the Manager by email info@adelaidequalitycare.com.au									
Investigation discu									
	ssed with	and	☐ YFS						
~			☐ YES	se explain w	hv:				
copy provided to N Manager Name				se explain w	hy:				



Management Reviewed		Additional	Actions	Person	Responsible	Completed Date
Date						
Office Use only						
Entered date	/	/	Name		RTW pack 🗆	No □ Yes
					Signature	
					Date	