

Incident Form

Section A: Reporter Details

Form Completed By:	
<input type="checkbox"/> Student	<input type="checkbox"/> Staff Member (Full-time / Part-time / Casual / Contractor)
<input type="checkbox"/> Other (please specify) _____	
Are you involved in the incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Personal Information			
Full Name			
Contact Number		Email Address	
Supervisor/Manager (if applicable)			

Section B: Incident Details

Location of the Incident	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> On Campus (Building: _____ Room: _____ Specific Location: _____) <input type="checkbox"/> Off Campus (Address / Venue: _____) <input type="checkbox"/> Online (Platform: _____)	
Time of Incident	
Incident Reporting Date	
Type of Incident (tick all that apply):	
<input type="checkbox"/> Injury/Illness <input type="checkbox"/> Hazard <input type="checkbox"/> Near Miss <input type="checkbox"/> Fire/Explosion	
<input type="checkbox"/> Property Damage <input type="checkbox"/> Security Incident <input type="checkbox"/> Workplace Violence / Aggression	
<input type="checkbox"/> Vehicle Event <input type="checkbox"/> Environmental Event <input type="checkbox"/> Spill <input type="checkbox"/> Non-Academic Conduct	
Other (please specify) _____	

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Incident Details

Provide a detailed description of what occurred, who was involved, and any known contributing factors.

Contributing Factors (if known):

- | | |
|--|---|
| <input type="checkbox"/> Inadequate equipment | <input type="checkbox"/> Inadequate procedures/instructions |
| <input type="checkbox"/> Inadequate training | <input type="checkbox"/> Inadequate supervision/management |
| <input type="checkbox"/> Unsafe work environment | <input type="checkbox"/> Inappropriate actions/behaviour |
| <input type="checkbox"/> Other: _____ | |

Supporting Evidence Available?

- Yes No

(If yes, please specify: Photo Video Other: _____)

Section C: People Involved (if applicable)

Role Type		
<input type="checkbox"/> Student	<input type="checkbox"/> Staff (Full-time / Part-time / Casual / Contractor)	<input type="checkbox"/> Visitor
<input type="checkbox"/> Public	<input type="checkbox"/> Other (please specify) _____	
Name(s) of People Involved		
Contact Number (if known)		Email:
Witnesses (if any)		
Contact Number:		Email:

Privacy and Confidentiality

All personal information collected in this form will be managed confidentially in accordance with the Records Retention Policy and the Privacy Act 1988 (Cth). Access will be restricted to authorised personnel directly involved in incident management, investigation, and compliance reporting.

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Section D: Injury/Illness Details (if applicable)

Details of injury/illness (if any):											
<p>Nature of injury (tick all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Cut</td> <td style="width: 25%;"><input type="checkbox"/> Bruise</td> <td style="width: 25%;"><input type="checkbox"/> Burn</td> <td style="width: 25%;"><input type="checkbox"/> Fracture</td> </tr> <tr> <td><input type="checkbox"/> Sprain/Strain</td> <td><input type="checkbox"/> Bite/Sting</td> <td><input type="checkbox"/> Other: _____</td> <td></td> </tr> </table>				<input type="checkbox"/> Cut	<input type="checkbox"/> Bruise	<input type="checkbox"/> Burn	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Cut	<input type="checkbox"/> Bruise	<input type="checkbox"/> Burn	<input type="checkbox"/> Fracture								
<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Other: _____									
Body location affected:											
<p>Level of treatment (tick one):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Report only</td> <td style="width: 33%;"><input type="checkbox"/> First aid</td> <td style="width: 33%;"><input type="checkbox"/> Medical treatment</td> </tr> <tr> <td><input type="checkbox"/> Intend to seek medical treatment</td> <td></td> <td><input type="checkbox"/> Lost time injury</td> </tr> </table>				<input type="checkbox"/> Report only	<input type="checkbox"/> First aid	<input type="checkbox"/> Medical treatment	<input type="checkbox"/> Intend to seek medical treatment		<input type="checkbox"/> Lost time injury		
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<input type="checkbox"/> Intend to seek medical treatment		<input type="checkbox"/> Lost time injury									
Was first aid provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
(If yes, by whom?)											
Was medical assistance required?		<input type="checkbox"/> Yes	<input type="checkbox"/> No								
(If yes, please specify (e.g., hospital/clinic))											
Treatment Provider/First Aider Signature		Date									

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Section E: Actions Taken

Immediate actions taken:				
<p>Were emergency services contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If yes, please specify)</p>				
<p>Corrective / preventive actions (tick all that apply):</p> <p><input type="checkbox"/> Elimination <input type="checkbox"/> Substitution <input type="checkbox"/> Engineering <input type="checkbox"/> Administration <input type="checkbox"/> PPE</p>				
<p>Description of action(s):</p>				
Person Responsible:		Target Date of Completion:		
Action Completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date		

Section F: Acknowledgement and Declaration

Declaration			
<p>By signing below, I acknowledge and confirm the following:</p> <ul style="list-style-type: none"> i) That the information that I have provided in this Form is true and correct to the best of my knowledge; ii) That I have read and understood QIHE's <i>Health and Safety Policy</i>; iii) That I may be required to provide additional information, supporting evidence, or participate in follow-up discussions to facilitate investigation and resolution of the incident; iv) That all personal information provided will be managed confidentially in accordance with QIHE's <i>Records Retention Policy</i> and the <i>Privacy Act 1988 (Cth)</i>, and may be shared with authorised regulatory or emergency bodies where required by law. 			
Full Name			
Signature		Date	