

# AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

## INCIDENT REPORT FORM

### PART A – INJURED WORKERS DETAILS

Name Margaret Lynch Gender ☐ Male ☒ Female  
Position title Sales Assistant Date of Birth 27.12.57  
Site location employed at City Ford Alexandria Shift time 8.30am - 5.30pm

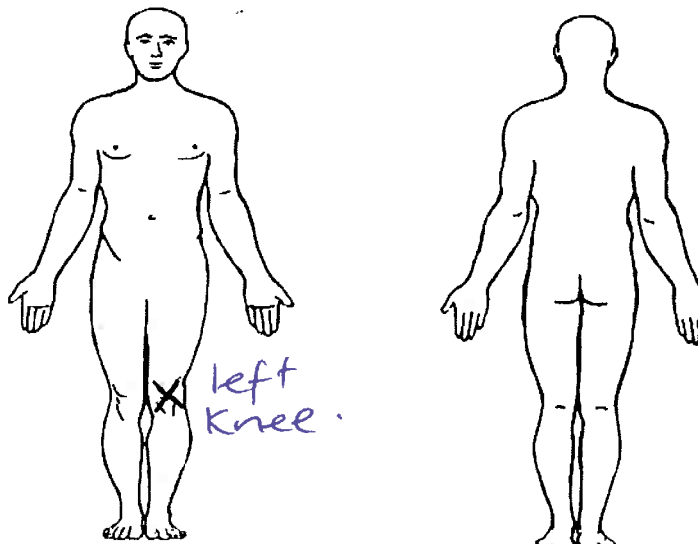
### PART B – PERSON COMPLETING THIS FORM

Full Name Margaret Lynch  
Position Sales Assistant  
Relationship to the Employee \_\_\_\_\_  
Time you reported this incident to your manager 6.05pm 10th Jan 2019.

### PART C – INCIDENT DETAILS

Where did the injury occur ☒ As above ☐ other (specify) \_\_\_\_\_  
Date of injury 10th January 2019. Time of injury 5.35pm.  
Full Name Margaret Lynch Contact No 0409 815026  
Was there any witnesses Natalie Stojanovska. Contact No \_\_\_\_\_  
☐ No ☒ Yes (specify) one of our mechanics & service staff Contact No \_\_\_\_\_  
Is photo evidence attached ☐ No ☒ Yes (specify) camera in service  
What training was completed ☒ None ☒ SOP ☐ Tool Box ☐ Site Induction ☐ AAG Induction ☐ Other (specify) \_\_\_\_\_

Please mark the location of where the injuries occurred. Please Take note of the left and right side of the body and add notes as required.



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## PART D – INCIDENT TYPE - Please ensure all relevant categories are marked

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Amputation                                       | <input type="checkbox"/> Electric shock                | <input type="checkbox"/> Sound and pressure   |
| <input type="checkbox"/> Serious lacerations                              | <input type="checkbox"/> Burn(s)                       | <input type="checkbox"/> Body Stressing       |
| <input type="checkbox"/> Minor lacerations                                | <input type="checkbox"/> Manual Handling               | <input type="checkbox"/> Bullying, Harassment |
| <input type="checkbox"/> Falls, Slips, Trips (from height)                | <input type="checkbox"/> Hitting object with body part | <input type="checkbox"/> Mental Stress        |
| <input checked="" type="checkbox"/> Falls, Slips, Trips (from same level) | <input type="checkbox"/> Hit by moving object          | <input type="checkbox"/> Near Miss            |
| <input type="checkbox"/> Fracture   | <input type="checkbox"/> Chemical related              | <input type="checkbox"/> Other                |

## PART E – REMEDY - Please ensure all relevant categories are marked

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> No First Aid Required        | <input type="checkbox"/> Medical Treatment (Hospital)       | <input type="checkbox"/> Fatality      |
| <input type="checkbox"/> First Aid Required – No Doctor Required | <input type="checkbox"/> Medical Treatment (Medical Centre) | <input type="checkbox"/> N/A Near Miss |

## PART F – ADDITIONAL MATTERS - Please ensure all relevant categories are marked



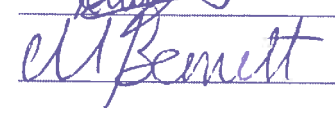
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> SWP was not followed           | <input type="checkbox"/> Equipment was not sufficient | <input type="checkbox"/> N/A Near Miss                           |
| <input type="checkbox"/> There was improper supervision | <input type="checkbox"/> Equipment was damaged        | <input checked="" type="checkbox"/> Other (please specify below) |
| <input type="checkbox"/> There was improper training    | <input type="checkbox"/> Equipment was misused        |  |

## PART G – DESCRIPTION OF INCIDENT - Please ensure all relevant categories are marked

walking to my drive car over the service dept  
~~drive way~~ drive way. & slipped on the surface.  
 At the time of my fall I was wearing  
 low heeled, rubber soled shoes.

## PART H – IMMEDIATE ACTION TAKEN

## PART I - ACKNOWLEDGEMENT

Full Name	Position	Signature	Date
Margaret Lynch	Sales		11.1.2019
Natalie Stojanovska	Sales		11.1.2019
Matthew Bennett	Mechanic		11.1.2019

