

# AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

## INCIDENT REPORT FORM

### PART A - INJURED WORKERS DETAILS

Name Andrew Lippett Gender ☒ Male ☐ Female  
Position title Sales Consultant Date of Birth \_\_\_\_\_  
Site location employed at City Ford Zetland Shift time \_\_\_\_\_

### PART B – PERSON COMPLETING THIS FORM

Full Name Andrew Lippett  
Position Sales Consultant  
Relationship to the Employee \_\_\_\_\_  
Time you reported this incident to your manager My manager was present.

### PART C – INCIDENT DETAILS

Where did the injury occur ☐ as above ☐ other (specify) \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of injury \_\_\_\_\_

Full Name \_\_\_\_\_ Contact No \_\_\_\_\_

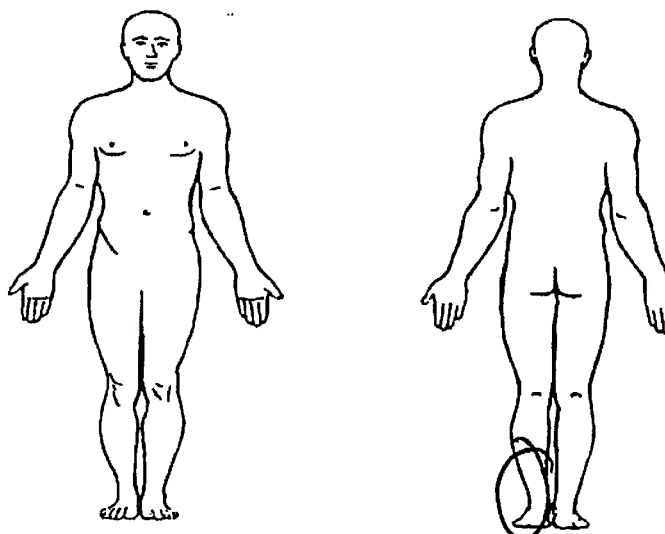
Was there any witnesses Ali Mireskandari Contact No 0434 582320  
☐ No ☒ Yes (specify) \_\_\_\_\_

Contact No \_\_\_\_\_

Is photo evidence attached ☐ No ☐ Yes (specify) \_\_\_\_\_

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 checked="" type="checkbox"/> Minor lacerations <i>bruising/swelling</i> | <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 type="checkbox"/> Falls, Slips, Trips (from same level)                 | <input checked="" 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 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                        |
|  |   | <input checked="" type="checkbox"/> None - <i>Repair@none</i> |

### 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 checked="" type="checkbox"/> There was improper supervision | <input type="checkbox"/> Equipment was damaged        | <input 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

*Went saying good bye to a customer in the car park.  
 walking backwards as ~~my~~ a customer clipped  
 my left leg and ankle.  
 I was told by Ali my manager that  
 he froze when he saw the car and  
 couldn't tell me there was a car coming behind me.*

### PART H – IMMEDIATE ACTION TAKEN

*\* Sat at work because staff was short.  
 \* went to the doctor when I got the  
 chance on my day off and reported the  
 certificate to Ali*

### PART I – ACKNOWLEDGEMENT

Full Name	Position	Signature	Date
<i>Andrew Uppett</i>	<i>Sales consultant</i>	<i>[Signature]</i>	<i>21/5/2018</i>



