

# AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

## INCIDENT REPORT FORM

### PART A – INJURED WORKERS DETAILS

Name Jamie Bridgen Gender ☒ Male ☐ Female  
Position title Ford Tech Date of Birth 02/10/1987  
Site location employed at Rosedale/Arncliffe Shift time 8am to 4pm

### PART B – PERSON COMPLETING THIS FORM

Full Name Jamie Bridgen  
Position Ford Tech  
Relationship to the Employee \_\_\_\_\_  
Time you reported this incident to your manager \_\_\_\_\_

### PART C – INCIDENT DETAILS

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

Date of injury 15/07/19 Time of injury 10:30

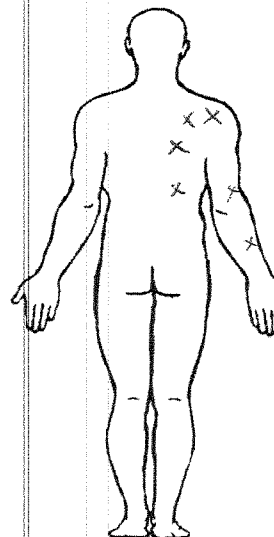
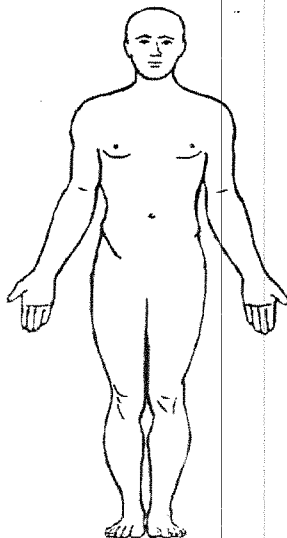
Full Name Jamie Bridgen Contact No 0432202531

Was there any witnesses ☐ No ☒ Yes (specify) colleagues.  
Contact No \_\_\_\_\_  
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<br><input type="checkbox"/> Serious lacerations<br><input type="checkbox"/> Minor lacerations<br><input type="checkbox"/> Falls, Slips, Trips (from height)<br><input type="checkbox"/> Falls, Slips, Trips (from same level)<br><input type="checkbox"/> Fracture | <input type="checkbox"/> Electric shock<br><input type="checkbox"/> Burn(s)<br><input type="checkbox"/> Manual Handling<br><input type="checkbox"/> Hitting object with body part<br><input type="checkbox"/> Hit by moving object<br><input type="checkbox"/> Chemical related | <input type="checkbox"/> Sound and pressure<br><input checked="" type="checkbox"/> Body Stressing<br><input type="checkbox"/> Bullying, Harassment<br><input type="checkbox"/> Mental Stress<br><input type="checkbox"/> Near Miss<br><input type="checkbox"/> Other |
|--|---|--|

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> No First Aid Required<br><input type="checkbox"/> First Aid Required – No Doctor Required | <input checked="" type="checkbox"/> Medical Treatment (Hospital)<br><input type="checkbox"/> Medical Treatment (Medical Centre) | <input type="checkbox"/> Fatality<br><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<br><input type="checkbox"/> There was improper supervision<br><input type="checkbox"/> There was improper training | <input type="checkbox"/> Equipment was not sufficient<br><input type="checkbox"/> Equipment was damaged<br><input type="checkbox"/> Equipment was misused | <input type="checkbox"/> N/A Near Miss<br><input type="checkbox"/> Other (please specify below)<br>_____ |
|--|---|--|

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

Back pain for a week straight then on the Monday specified was finding it hard to work as constant pain in back from inflamed muscles – wasn't sure why I had the pain so went home to change before going to a doctor & my arm was feeling numbish so went to hospital as wasn't sure why & thought the worst & I had damaged my spine but hospital has ruled out slipped disc & major injury & said just inflamed muscle in back. pain killers subscribed – will need to see physio possibly

## PART H – IMMEDIATE ACTION TAKEN

## PART I – ACKNOWLEDGEMENT

Full Name	Position	Signature	Date
Jamie Bruden	Prod tech		17/07/19

Discharge Referral Note

Brigden, Jamie - 10872831

Result type: Discharge Referral Note  
Result date: 15 July 2019 14:21 AEST  
Result status: Auth (Verified)  
Result title: Discharge Referral ED  
Verified by: Weerasuriya, Scott (JMO) on 15 July 2019 14:31 AEST  
Visit Info: 1005575781, St George, Inpatient, 15/07/2019 -

Discharge Referral ED

Patient: **Brigden, Jamie** MRN: 10872831 FIN: 1005575781  
Age: **31 years** Sex: **Male** DOB: **02/10/1987**  
Associated Diagnoses: **Musculoskeletal pain**  
Author: **Weerasuriya, Scott (JMO)**

Visit Information

Facility: St George Hospital  
Admission Date: 15/07/2019  
Medical Service: Emergency Medicine  
Attending Medical Officer:  
AMO Provider No.: 4574001K  
Local Medical Officer:  
LMO Provider No.:  
LMO Address:

To be discharged: 15/07/2019  
Consulting Clinician:  
Krishnaraj, Murali  
Indigenous Status: Neither Aboriginal nor Torres Strait

LMO Phone:  
Interpreter Required: NO

LMO Fax:  
Language spoken at home: English

Dear Dr ,

Thank you for reviewing Jamie Brigden a 31 year old male to be discharged on 15/07/2019 from ED SSU SGH at St George Hospital and Community Health Service.  
The summary of their presentation and condition is documented below.

Summary of Care

Presenting with R shoulder/left sided upper back pain. Present for 1/52. No obvious precipitating injury/twisting action however patient works as mechanic - often lifting heaving objects and has awkward posture when working on cars. Concerned by some subjective tingling R arm today. No focal limb weakness. No c-spine pain, no midline spinal pain. Pain improved on stretching R shoulder/back muscles

O/E

Alert, obs stable afebrile. Appears comfortable at rest

No midline c-spine/thoracic spine/lumbar spine tenderness

Printed by: Weerasuriya, Scott (JMO)  
Printed on: 15/07/2019 14:35 AEST

Page 1 of 3  
(Continued)

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\* VERIFY by Weerasuriya, Scott (JMO) on 15 July 2019 14:31 AEST

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Page 3 of 3  
(End of Report)