

AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

INCIDENT REPORT FORM

PART A - INJURED WORKERS DETAILS

Name FRED JEANES Gender ☒ Male ☐ Female
Position title SERVICE MANAGER Date of Birth 13-8-74
Site location employed at Arncliffe Shift time 5:42am.

PART B – PERSON COMPLETING THIS FORM

Full Name FRED JEANES
Position SERVICE MANAGER
Relationship to the Employee BOSS ~~manager~~
Time you reported this incident to your manager Instantly

PART C – INCIDENT DETAILS

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

Date of injury 27-7-20 Time of injury 5:42am

Full Name Fred Jeanes. Contact No 85774666

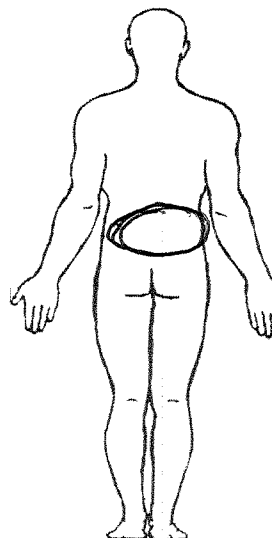
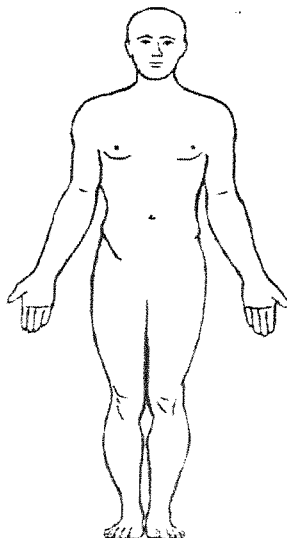
Was there any witnesses ☒ No ☐ Yes (specify) Contact No 0414 679898

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 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 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 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 | |

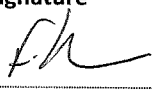
PART G – DESCRIPTION OF INCIDENT - Please ensure all relevant categories are marked

Workshop was wet from the connect rain
I was walking to get the lays out of the
Suite & Slipped down the ramps and
fell on my Arse now my back is constantly
painfull in the lower area.

PART H – IMMEDIATE ACTION TAKEN

Swear words where used
No one else was around

PART I – ACKNOWLEDGEMENT

| Full Name | Position | Signature | Date |
|-------------|-----------------|--|---------|
| Fred Jeanes | Service manager |  | 28-7-20 |
| | | | |
| | | | |
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