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INCIDENT REPORT FORM PART A - INJURED WORKERS		
Name	Dale Kan Gender Male Female	
Position title	Service Advisor Date of Birth 3/5/1960	ı
	Melhase Park Shift time 7-00/5	:- 5:3
	Myundia 4. Hope at Melros	ie f
PART B — PERSON COMPLET		
Full Name	TONY Elias.	
Position		
Relationship to the Employee		
Time you reported this incident to your manager	0/0/-	0
PART C - INCIDENT DETAILS		
Where did the injury occur	☐ as above ☐ other (specify)	
Date of injury	7.15am 9/3/200 Time of injury 7.15am	ned and any garage
Full Name	Contact No	DV 007-447-100-001
Was there any witnesses ☐ No ☐ Yes (specify)	Renald Rahmin Contact No 0450304	494
	Contact No	or extractive and
Is photo evidence attached	Ŷ 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.		

PART D — INCIDENT TYPE - Please ensure all	relevant categories are marked		
☐ Amputation			
\square Serious lacerations	☐ Burn(s)	☐ Sound and pressure ☐ Body Stressing	
☐ Minor lacerations	☐ Manual Handling	☐ Bullying, Harassment	
☐ Falls, Slips, Trips (from height)	☐ Hitting object with body part	☐ Mental Stress	
☐ Falls, Slips, Trips (from same level)	☐ Hit by moving object	☐ Near Miss	
☐ Fracture	☐ Chemical related	☐ Other	
PART E — REMEDY - Please ensure all relevant	categories are marked		
☐ No First Aid Required	Medical Treatment (Hospital)	☐ Fatality	
☐ First Aid Required – No Doctor Required	☐ Medical Treatment (Medical Centre)	□ N/A Near Miss	
		·	
PART F — ADDITIONAL MATTERS - Please e	nsure all relevant categories are marked	P. Company Com	
☐ SWP was not followed	☐ Equipment was not sufficient	□ N/A Near Miss	
☐ There was improper supervision	☐ Equipment was damaged	☐ Other (please specify below)	
☐ There was improper training	☐ Equipment was misused		
PART G - DESCRIPTION OF INCIDENT - PIE	ase ensure all relevant categories are marked		
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		and start	
Chara Vo	Chow shed.	inher	
12 mars	- Alsh and e	and themb	
		от придости по придости по придости по по придости по	
PART H - IMMEDIATE ACTION TAKEN		A	
Blake new	4 for 4 DEVider	Trunsday 20/21	
eso 12 fores	March Description	10-2 6-21	
What was		The result	
		the state of the s	
tololly use	y isaen no	nespren	
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Dio-L. Access			
PART I - ACKNOWLEDGEMENT			
Full Name	Position Signatur	e Date	
The State of the s		Ph ma cl. i	
1201 - 1102 -	replie thou	Chan 2/3/20	
	Marallon	7	
	The property of the second		
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nadabum			

INCIDENT REPORT FORM PART A - INJURED WORKER	S DETAILS			
Name	Blake Se	nnings	Gender	M ale □ Female
Position title	Blake Se Hyundia T	Echnician	Date of Birth	25/7/99
Site location employed at	4 Hope S	treat		06.4000
	4 Hope 5 Medros	e Park		
Part B – Person Comple	TING THIS FORM			
Full Name	YWET =	Elias	7	
Positio		Mana	aler	
Relationship to the Employee		Engloyee	~ 1	
Time you reported thin incident to your manage	c 1.17 mis/m	20 G		> ~
	100 (100 (100 (100 (100 (100 (100 (100		1	
PART C - INCIDENT DETAILS				
Where did the injury occur	as above 🗆 other (s	pecify)		
Date of injury	20/2/20		Time of injury	12.20pm
Full Name			Contact No	*
Was there any witnesses	Evan	elale	A Contact No	0421 839 773
□ No □ Yes (specify)			Contact No	
ls photo evidence attached	⊠ No □ Yes (specify)			and with an animal and the second and an analysis are also all second and an animal and an animal and an animal
What training was completed		l 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 hody and add notes as				
the body and add notes as required.				

PART D - INCIDENT TYPE - Please ensure all	relevant categories are marked	
☐ Amputation	☐ Electric shock	☐ Sound and pressure
☐ Serious lacerations	☐ Burn(s),	☐ Body Stressing
☐ Minor lacerations	☐ Manual Handling	☐ Bullying, Harassment
☐ Falls, Slips, Trips (from height)	☐ Hitting object with body part	☐ Mental Stress
☐ Falls, Slips, Trips (from same level)	☐ Hit by moving object	☐ Near Miss
Fracture	☐ Chemical related	. \square Other
PART E — REMEDY - Please ensure all relevant	categories are marked	
☐ No First Aid Required	Medical Treatment (Hospital)	☐ Fatality
☐ First Aid Required – No Doctor Required	☐ Medical Treatment (Medical Centre)	☐ N/A Near Miss
PART F - ADDITIONAL MATTERS - Please e	ensure all relevant categories are marked	
☐ SWP was not followed	□ Equipment was not sufficient	□ N/A Near Miss
☐ There was improper supervision	☐ Equipment was damaged	☐ Other (please specify below)
☐ There was improper training	☐ Equipment was misused	
PART G - DESCRIPTION OF INCIDENT - PIE	ease ensure all relevant categories are marked	
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THAN ON	m super	
		METER BETTER HET ELLE BETTER BETTE
PART H – IMMEDIATE ACTION TAKEN	A STATE TO A STATE OF THE OWNER OF THE STATE	
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Core	1,920ll Sons	X
PART I - ACKNOWLEDGEMENT		
Full Name	Position Signatu	re Date
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t.	Margarol -	' 1
	, 1900-1900 (1900-1900) (1900-1900) (1900-1900) (1900-1900) (1900-1900) (1900-1900) (1900-1900) (1900-1900) (1	
	TRY 전 경험보통스템하다. 그는 단계를 함께 보는 모습니다.	