

# AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

## INCIDENT REPORT FORM

### PART A - INJURED WORKERS DETAILS

Name HARDIK PATEL Gender ☐ Male ☐ Female  
Position title Mechanic Date of Birth 29/10/1980  
Site location employed at CUMBERLAND FORD BLACKTOWN Shift time Day 29/8/19  
11:19 AM

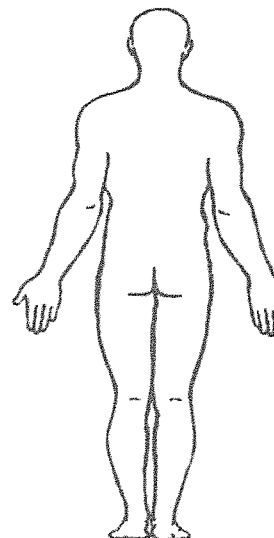
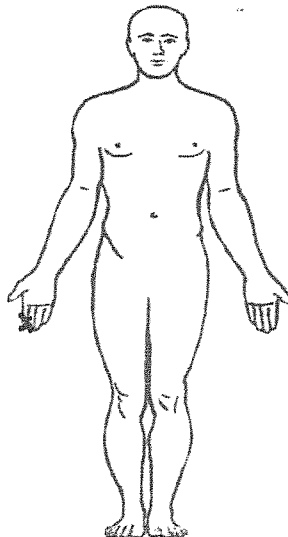
### PART B – PERSON COMPLETING THIS FORM

Full Name Jorge HADDAD  
Position SERVICE MANAGER  
Relationship to the Employee ☒ my employee.  
Time you reported this incident to your manager 11:20 AM

### PART C – INCIDENT DETAILS

Where did the injury occur ☐ as above ☐ other (specify) WORKSHOP  
Date of injury 29/08/19 Time of injury 11:19 AM  
Full Name HARDIK PATEL Contact No 0425201922  
Was there any witnesses HARON BUNDU Contact No 0413240781  
☐ No ☒ Yes (specify)  
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 checked="" 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 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 checked="" 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 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

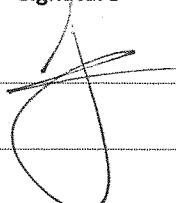
HARDIK WAS RETENSIONING THE STEERING RACK  
HE SLIPS & AND HIT HIS HAND CAUSING  
A BIG CUT TO HIS RIGHT HAND FINGER.

## PART H – IMMEDIATE ACTION TAKEN

APPLIED DISINFECTANT TO FINGER &  
APPLIED DRESSING TOOK HARDIK TO  
MEDICAL CENTRE.

29/08/2019 11:25AM.

## PART I - ACKNOWLEDGEMENT

Full Name	Position	Signature	Date
Jorge Hassan	Service Manager		29/8/19.