AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

INCIDENT REPORT FORM

PART A - INJURED WORKERS DETAILS

Name: Christopher Markham Gender: ☒ Male ☐ Female

Position title: Sales Date of Birth: 20/05/1969

Site location employed at: RYDE Shift time: 8.30-5.30

PART B – PERSON COMPLETING THIS FORM

Full Name: Chris Markham

Position: Sales.

Relationship to the Employee:

Time you reported this incident to your manager: 11.6.19 @8:30 Mentioned in morning meeting

PART C – INCIDENT DETAILS

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

Date of injury: 10/06/2019 Time of injury: 11.30-11.45am

Full Name: Christopher Markham Contact No: 0439393969

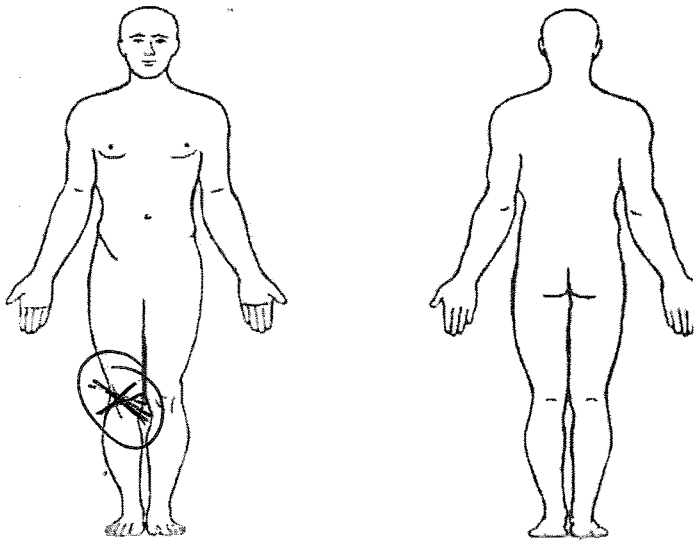
Was there any witnesses ☐ No ☐ Yes (specify): Jeff Edgell Contact No:

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.



AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

PART D – INCIDENT TYPE - Please ensure all relevant categories are marked

- ☐ Amputation
- ☐ Serious lacerations
- ☐ Minor lacerations
- ☐ Falls, Slips, Trips (from height)
- ☐ Falls, Slips, Trips (from same level)
- ☐ Fracture
- ☐ Electric shock
- ☐ Burn(s)
- ☐ Manual Handling
- ☐ Hitting object with body part
- ☐ Hit by moving object
- ☐ Chemical related
- ☐ Sound and pressure
- ☐ Body Stressing
- ☐ Bullying, Harassment
- ☐ Mental Stress
- ☐ Near Miss
- ☐ Other

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

- ☐ No First Aid Required
- ☐ First Aid Required – No Doctor Required
- ☐ Medical Treatment (Hospital)
- ☐ Medical Treatment (Medical Centre)
- ☐ Fatality
- ☐ N/A Near Miss

PART F – ADDITIONAL MATTERS - Please ensure all relevant categories are marked

- ☐ SWP was not followed
- ☐ There was improper supervision
- ☐ There was improper training
- ☐ Equipment was not sufficient
- ☐ Equipment was damaged
- ☐ Equipment was misused
- ☐ N/A Near Miss
- ☐ Other (please specify below)

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

Walking down ramp with coffee in hand slipped and tried to keep upright & not spill coffee

PART H – IMMEDIATE ACTION TAKEN

None - thought I was ok at first, then knee started to ack & swell.

PART I - ACKNOWLEDGEMENT

Full Name	Position	Signature	Date