

AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

INCIDENT REPORT FORM

PART A – INJURED WORKERS DETAILS

Name Dale Kam Gender ☒ Male ☐ Female
Position title Service Advisor Date of Birth 3/5/1969
Site location employed at Melrose Park Shift time 7.00/5.30p
Naynolia 4. Hope st Melrose Ave

PART B – PERSON COMPLETING THIS FORM

Full Name TONY ELIAS
Position Service Manager
Relationship to the Employee NIL - Employee only.
Time you reported this incident to your manager 7.15 AM Monday 9/3/20

PART C – INCIDENT DETAILS

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

Date of injury 7.15am 9/3/20

Time of injury 7.15am

Full Name

Contact No

Was there any witnesses

☐ No ☒ Yes (specify)

Ronald Rahimin

Contact No

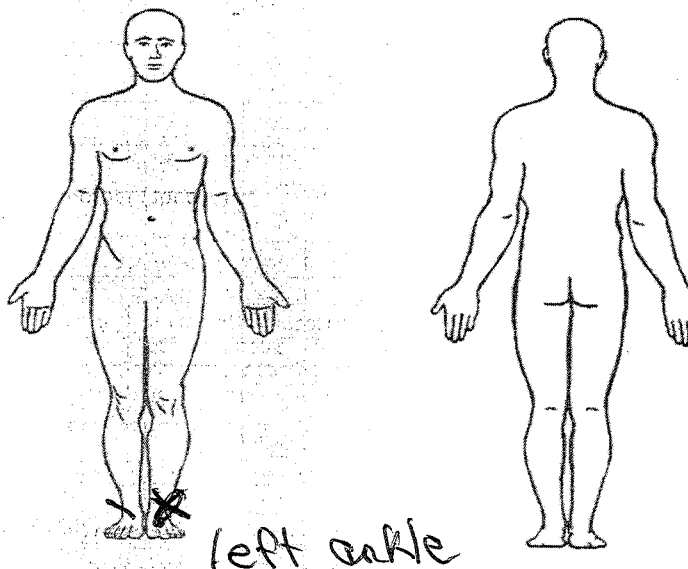
0450304494

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 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 checked="" 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 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

Was supporting an engine lifting chain. Chain slid which jammed his left hand thumb

PART H – IMMEDIATE ACTION TAKEN

Blake went to Hospital Thursday 20/2/12 and then assessed and sent home. Friday went back to hospital

PART I – ACKNOWLEDGEMENT

Full Name	Position	Signature	Date
Terry Elias	Service Manager	Terry Elias	9/3/20

AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

INCIDENT REPORT FORM

PART A – INJURED WORKERS DETAILS

Name Blake Jennings Gender ☒ Male ☐ Female
Position title Hyundai Technician Date of Birth 25/7/99
Site location employed at 4 Hope Street Shift time 8.00 - 4.00
Melrose Park

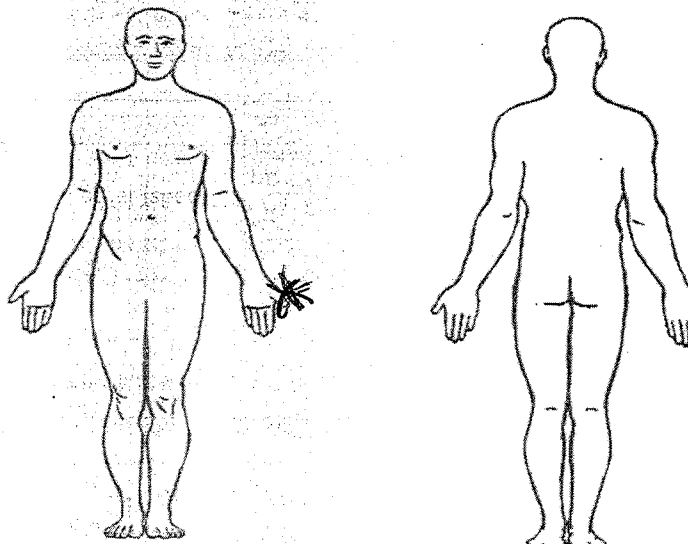
PART B – PERSON COMPLETING THIS FORM

Full Name Tony Elias
Position Service Manager
Relationship to the Employee NIL - Employee only
Time you reported this incident to your manager 20/2/20 @ 12.20pm

PART C – INCIDENT DETAILS

Where did the injury occur ☒ as above ☐ other (specify)
Date of injury 20/2/20 Time of injury 12.20pm
Full Name Evan Wotton Contact No _____
Was there any witnesses ☐ No ☐ Yes (specify) Contact No 0421 839 773
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 E – REMEDY - Please ensure all relevant categories are marked

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

Date was walking down the stairs and he slipped

PART H – IMMEDIATE ACTION TAKEN

Ambulance called, stabilized. Date, leg put in splint, medication administered and then taken to Concord Hospital

PART I – ACKNOWLEDGEMENT

Full Name	Position	Signature	Date
Tony Elias	Service Manager	Tony Elias	9/3/20