

AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

INCIDENT REPORT FORM

PART A – INJURED WORKERS DETAILS

Name John Paul O'Donoghue Gender ☐ Male ☐ Female
Position title 2nd year Apprentice Date of Birth 16/11/2000
Site location employed at Broadmead Ford Shift time Day
Apprenticeships Aus

PART B – PERSON COMPLETING THIS FORM

Full Name Sam Sullivan
Position Senior Manager
Relationship to the Employee Manager
Time you reported this incident to your manager 11.45am

PART C – INCIDENT DETAILS

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

Date of injury 1/3/19 Time of injury 11.45am

Full Name John Paul O'Donoghue Contact No 04811 37755

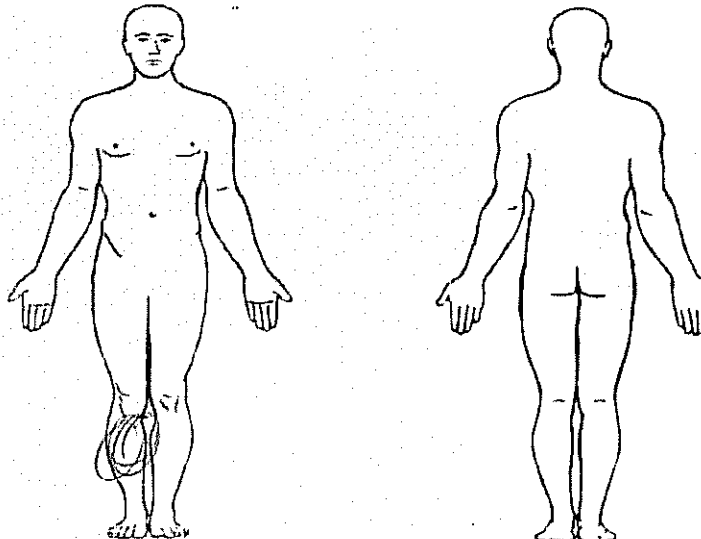
Was there any witnesses Jye Cabrera Contact No 9807-2933
☐ No ☐ Yes (specify)

Contact No _____

Is photo evidence attached ☒ No ☐ Yes (specify)

What training was completed ☐ None ☐ SOP ☐ Tool Box ☐ Site Induction ☐ AAG Induction ☒ Other (specify) SHOWN procedure

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 checked="" 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 checked="" type="checkbox"/> Other (please specify below) |
| <input type="checkbox"/> There was improper training | <input type="checkbox"/> Equipment was misused | Accident - Slipping |

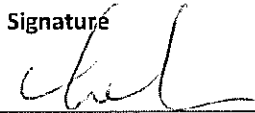
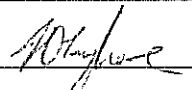
PART G – DESCRIPTION OF INCIDENT – Please ensure all relevant categories are marked

Moving oil Drum manually, oil Drum slipped pushing John onto other oil Drum and trolley pushing against Right leg (shin)

PART H – IMMEDIATE ACTION TAKEN

Taken to Hospital (by De Hospital)

PART I – ACKNOWLEDGEMENT

Full Name	Position	Signature	Date
Sam Sauteray	Service Manager		1/3/19
Jack O'Donoghue	Apprentice		1/3/19