AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

INCIDENT REPORT FORM

PART A - INJURED WORKERS DETAILS

Name: Clint McAnally
Gender: ☑ Male ☐ Female
Position title: Technician
Date of Birth: 28/7/1996.
Site location employed at: Castle Hill Ford service
Shift time: 8-00A – 4.10pm

PART B – PERSON COMPLETING THIS FORM

Full Name: Clint Donald McAnally
Position: Technician.
Relationship to the Employee: Supervisor
Time you reported this incident to your manager: 4.40pm 29.7.19.

PART C – INCIDENT DETAILS

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

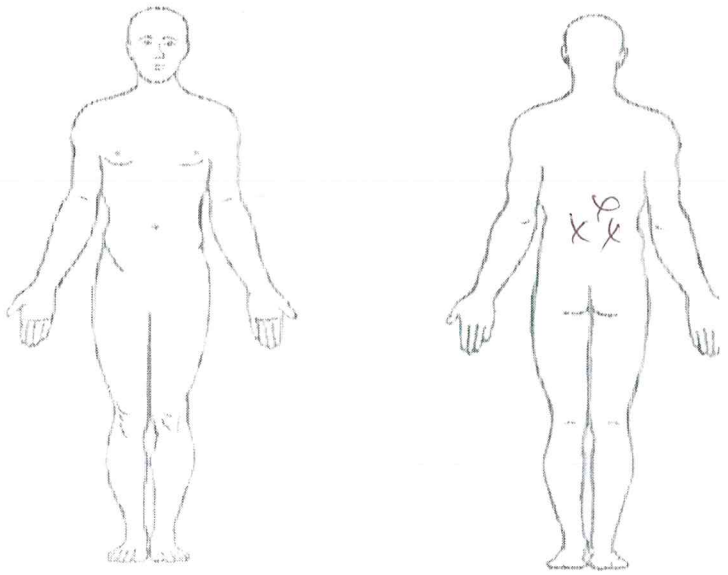
Date of injury: 29.7.19
Time of injury: 1pm
Full Name: Clint Donald McAnally
Contact No: 0435 826472

Was there any witnesses ☑ No ☐ Yes (specify)
Contact No
Contact No

Is photo evidence attached: ☐ No ☑ Yes (specify) medical crts.

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

☐ 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	☑ Other vomiting

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 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 - Please ensure all relevant categories are marked

While lifting/refitting engine back into vehicle, started vomitting. This continued on + off during the day. No other symptoms. When Patient visited Doctor, found out vomitting was related to pain – injured back

PART H – IMMEDIATE ACTION TAKEN

This was only mentioned to me by staff member on exiting work on Monday 29th July @ 4.30pm. I was then called the next morning with the news.

PART I - ACKNOWLEDGEMENT

Full Name	Position	Signature	Date
Cassie Miller	Service Manager		7/8/19.