

AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

INCIDENT REPORT FORM

PART A - INJURED WORKERS DETAILS

Name Mitchell Cook Gender ☒ Male ☐ Female
Position title 3rd Year Apprentice Date of Birth 14.4.00
Site location employed at Alexandria Tech Shift time Nominal

PART B – PERSON COMPLETING THIS FORM

Full Name Ali Hyarzi
Position Workshop Controller
Relationship to the Employee -
Time you reported this incident to your manager 5:30 2/3/20

PART C – INCIDENT DETAILS

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

Date of injury 2/3/20 Time of injury 3:45

Full Name Mitchell Cook Contact No

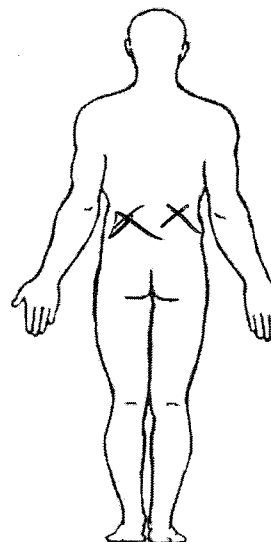
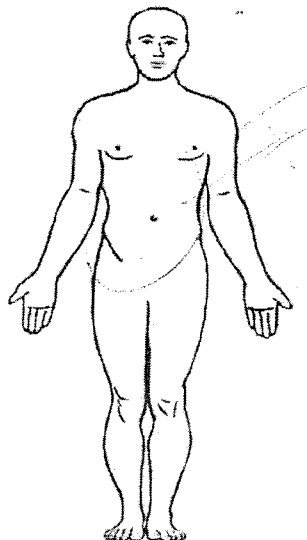
Was there any witnesses Steve Dodson Contact No 93315000
☐ No ☒ Yes (specify)

Contact No

Is photo evidence attached ☒ No ☐ Yes (specify)

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

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 checked="" 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 | |

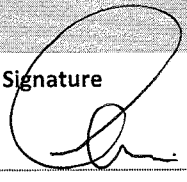
PART G – DESCRIPTION OF INCIDENT - Please ensure all relevant categories are marked

Getting out of vehicle which was elevated ON hoist, lowered vehicle, AS Mitchell got out of vehicle, he said he couldn't really move. was asked to take a seat & then went home when he felt better.

PART H – IMMEDIATE ACTION TAKEN

supported in having a seat, was on supervision until he said he was feeling ok & wanted to go home then he left.

PART I – ACKNOWLEDGEMENT

Full Name	Position	Signature	Date
Ali Hiyazi	workshop controller		10/3/20.