

AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

INCIDENT REPORT FORM

PART A – INJURED WORKERS DETAILS

Name DARREN GONG. Gender ☒ Male ☐ Female
Position title SALES CONSULTANT. Date of Birth 15/08/94.
Site location employed at RUDE HYUNDAI Shift time 4.30 / 02/03/19

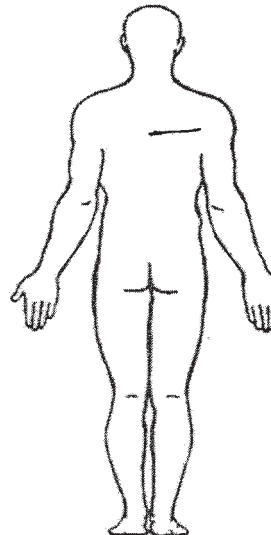
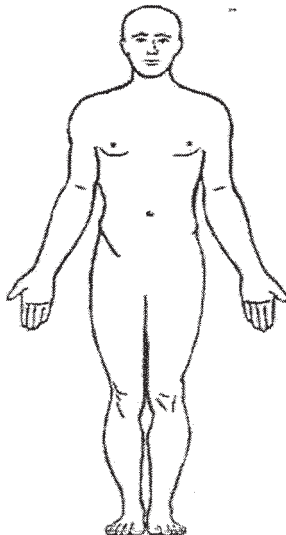
PART B – PERSON COMPLETING THIS FORM

Full Name JIM WREN.
Position ASSISTANT SALES MANAGER.
Relationship to the Employee COLLOQUE
Time you reported this incident to your manager 4.30

PART C – INCIDENT DETAILS

Where did the injury occur ☒ as above ☐ other (specify)
Date of injury 02/03/19. Time of injury 4.30.
Full Name DARREN GONG. Contact No 0452 572 55
Was there any witnesses JIM (DARREN CAME AND SHOWED ME STRAIGHT AWAY) ☐ No ☐ Yes (specify)
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.



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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 type="checkbox"/> Medical Treatment (Hospital) | <input type="checkbox"/> Fatality |
| <input checked="" type="checkbox"/> First Aid Required – No Doctor Required | <input type="checkbox"/> Medical Treatment (Medical Centre) | <input type="checkbox"/> N/A Near Miss |

APPLIED ANTISEPTIC TO CUT

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 | SHARP HAZARD |

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

DARREN WAS PLUGGING ELECTRIC VEHICLE IN. THERE IS A METAL CONJUGATE THAT HAS A SHARP ALUMINIUM WEDGE ON BACK WALL. AS HE HAS CHARGED CAR HE HAS MOVED ACROSS TO OTHER SIDE AND RIPPED HIS SHIRT AND BACK.

PART H – IMMEDIATE ACTION TAKEN

WE NEED TO LOOK AT MAKING THIS SMOOTH SOMEHOW AS THIS IS A PUBLIC CHARGING STATION

PART I – ACKNOWLEDGEMENT

Full Name	Position	Signature	Date
Jane WREN	Asst Sales MGR		3/3/19
Darren Gang	Sales Consultant		3/3/19

