

AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

INCIDENT REPORT FORM

PART A – INJURED WORKERS DETAILS

Name

Gender ☐ Male ☒ Female

Position title

Date of Birth

Site location employed at

Shift time

PART B – PERSON COMPLETING THIS FORM

Full Name

Position

Relationship to the
Employee

Time you reported this
incident to your manager

PART C – INCIDENT DETAILS

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

Date of injury

Time of injury

Full Name

Contact No

Was there any witnesses

☐ No ☒ Yes (specify)

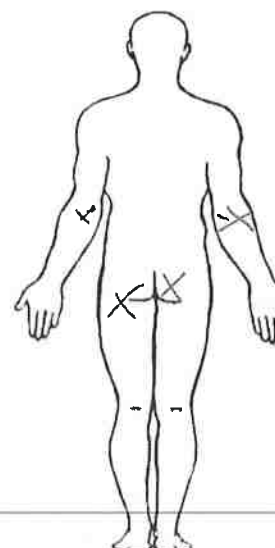
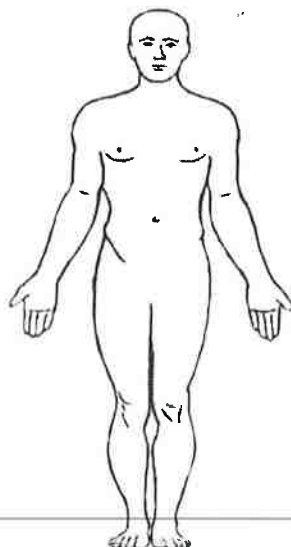
Contact No

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 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 checked="" 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 checked="" 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 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

Customer was walking towards loan car and slipped on wet driveway. Sloping surface. Landed heavily after her feet slipped out from beneath her.

PART H – IMMEDIATE ACTION TAKEN

Assisted customer, who jokingly suggested she could sue us for the injury. NO apparent injuries at the time of event.

PART I – ACKNOWLEDGEMENT

Full Name	Position	Signature	Date
Michael McCauley	Service Manager		15/11/2018

Activity Details		Drive Specifics	
ID	LF002723598	EXCESS WAIVER	Yes
TYPE	Loan	STARTED	14/11/2018 10:29am
Driver Details edit		EST. RETURN	15/11/2018 10:27am
RO NUMBER	Bjp55k	ELAPSED TIME	24 hours
FIRST NAME	Deborah	DISTANCE	N/A
LAST NAME	Soden	AVERAGE SPEED	N/A
GENDER	N/A	ODOMETER START	2477km
AGE	N/A	ODOMETER END	<Not Entered>
EMAIL ADDRESS	deborah@deborahsoden.com.au	FUEL GAUGE START	
MARKETING EMAILS	Y	Vehicle Specifics	
PHONE NUMBER	041 1964124	INVENTORY #	ncvg
ADDRESS	N/A	REG #	D1A23A
POSTCODE	N/A	REGO EXPIRY	
LEAD SOURCE	N/A	VIN	WF0EXXWPCF0J27548
DRIVER LICENCE PRINT		MAKE	Ford
		MODEL	MONDEO
SIGNATURE 		YEAR	2015
		COLOUR	MAGNETIC
VEHICLE REVIEW		Not Reviewed Yet	
Staff Details		Trip Notes add	
FIRST NAME	Arzan	No Comments For Activity	