

AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

INCIDENT REPORT FORM

PART A - INJURED WORKERS DETAILS

Name Christopher Markham

Gender ☒ Male ☐ Female

Position title Sales

Date of Birth 20/05/1969

Site location employed at RYDE

Shift time _____

PART B – PERSON COMPLETING THIS FORM

Full Name Christopher Markham

Position Sales

Relationship to the
Employee _____

Time you reported this
incident to your manager Morning meeting - Thursday, 6 June 2019 8:30 AM

PART C – INCIDENT DETAILS

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

Date of injury 5 June 2019

Time of injury 11:00-11:30am

Full Name Christopher Markham

Contact No 0439 393 969

Was there any witnesses Jeff Edgell

☐ No ☐ Yes (specify) _____

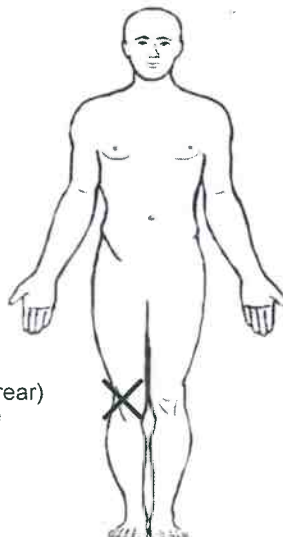
Contact No _____

Contact No _____

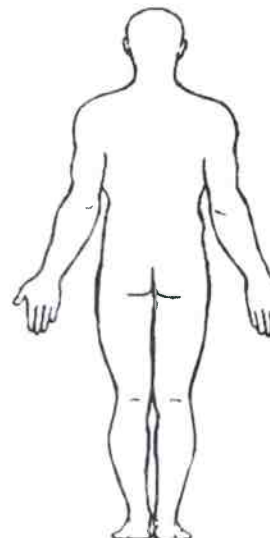
Is photo evidence attached ☐ No ☒ Yes (specify) _____

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.



Right knee (front & rear)
Muscle behind knee



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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 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 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

I was walking through the work shop at the rear of FORD, with a coffee in hand.
I started to walk down the ramp, when I started to slip and slide.
To prevent myself from falling over and spilling my coffee, I kicked and skated across the floor.

PART H – IMMEDIATE ACTION TAKEN

None at first, as i thought i was ok. It wasn't till the following day - days, my right knee has started to have aches and pain.

PART I - ACKNOWLEDGEMENT

Full Name	Position	Signature	Date
Christopher Markham	Sales		24/06/2019

