AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

INCIDENT REPORT FORM

PART A - INJURED WORKERS DETAILS

Name: BOB MITREVSKI

Gender: ☑ Male ☐ Female

Position title: MOTOR MECHANIC

Date of Birth: 29/8/61

Site location employed at: CHULLORA

Shift time: FULL TIME

PART B – PERSON COMPLETING THIS FORM

Full Name: BOB MITREVSKI

Position: MOTOR MECHANIC

Relationship to the Employee: N/A.

Time you reported this incident to your manager: 10/1/19 - approx 2pm.

PART C – INCIDENT DETAILS

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

Date of injury: 10/01/19

Time of injury: 2pm.

Full Name: BOB MITREVSKI

Contact No: 0417671406

Was there any witnesses ☑ No ☐ Yes (specify): Reported to JON VERNON

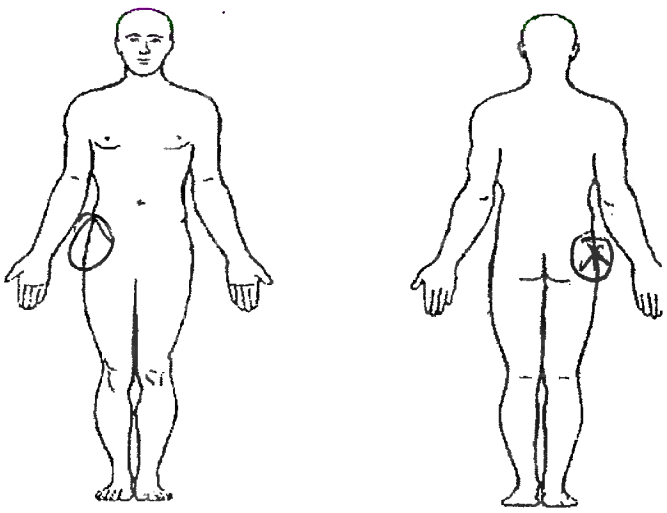
Contact No: 0421 350 675

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

☐ 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

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	LIFTING TYRES

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

I WAS SWAPPING WHEELS FROM ONE CAR TO ANOTHER. THE WHEELS WERE HEAVY AND FELT A TWICH - PULLING ON MY RIGHT HAND SIDE BACK.

PART H – IMMEDIATE ACTION TAKEN

I REPORTED TO JON VERNON (THE MANAGER) AND I TRIED VOLTAREN FOR A FEW WEEKS BUT THEN I SAW THE DOCTOR AS IT WASN'T GETTING BETTER. & I NEED PYHSIO TREATMENT

PART I - ACKNOWLEDGEMENT

Full Name	Position	Signature	Date
BOB MITREVSKI	MOTOR MECHANIC		06/02/19
JON VERNON	MANAGER		06/02/19