

AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

INCIDENT REPORT FORM

PART A – INJURED WORKERS DETAILS

Name Peter Mikulich Gender ☒ Male ☐ Female
Position title Apprentice Date of Birth 15/05/1999
Site location employed at castle Hill Shift time _____

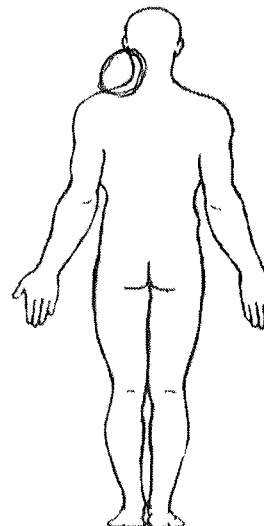
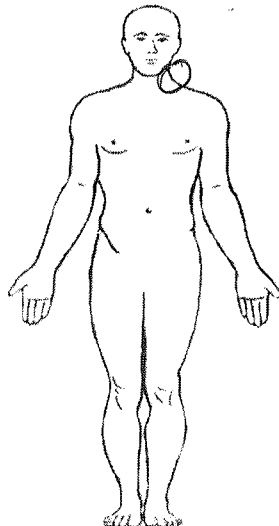
PART B – PERSON COMPLETING THIS FORM

Full Name Peter James Mikulich
Position Apprentice
Relationship to the Employee _____
Time you reported this incident to your manager 2:55 pm

PART C – INCIDENT DETAILS

Where did the injury occur ☒ as above ☐ other (specify) _____
Date of injury 26/02/2014 Time of injury 1:00 pm
Full Name Peter Mikulich Contact No 0448616120
Was there any witnesses ☐ No ☐ Yes (specify) _____
Contact No _____
Contact No _____
Is photo evidence attached ☐ No ☒ Yes (specify) Yanni Boursianis
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 checked="" 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 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 checked="" type="checkbox"/> There was improper training | <input type="checkbox"/> Equipment was misused | |

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

Pushing cab injury sustained in neck

PART H – IMMEDIATE ACTION TAKEN

Sent employee home

PART I – ACKNOWLEDGEMENT

Full Name	Position	Signature	Date
Peter Mikulich	Apprentice	Peter Mikulich	26/02/2019
BLOTT MASTERS	SERVICE MANAGER	[Signature]	26/2/19