

AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

INCIDENT REPORT FORM

PART A - INJURED WORKERS DETAILS

Name Ashleigh McLeod

Gender ☐ Male ☒ Female

Position title Sales Person (fleet)

Date of Birth 1/5/

Site location employed at Ryde

Shift time 8-30am

PART B – PERSON COMPLETING THIS FORM

Full Name Lisa-Marie Olga Saad

Position Fleet Administrator

Relationship to the Employee Work colleague same department.

Time you reported this incident to your manager 10:30am

PART C – INCIDENT DETAILS

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

Date of injury 26/04/19

Time of injury 10:30am

Full Name Lisa-Marie

Contact No 98594364

Was there any witnesses

☐ No ☒ Yes (specify)

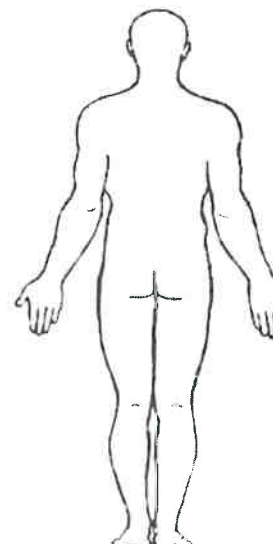
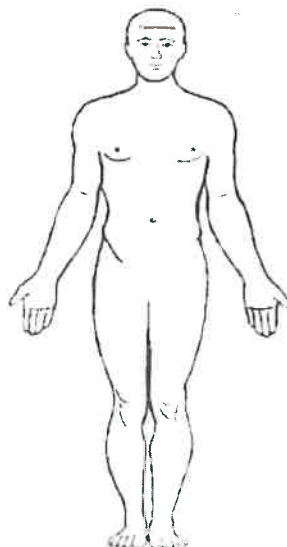
Contact No

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 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 checked="" 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 |

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 checked="" 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

Ashleigh felt dizzy and had head spins. – felt as if she was going to faint. Second time today, possible low sugar levels.

PART H – IMMEDIATE ACTION TAKEN

David (HR) offered to take Ashleigh to doctor or medical centre and Ashleigh refused. Ashleigh did not want any further treatment.

PART I - ACKNOWLEDGEMENT

Full Name	Position	Signature	Date
Lisa-Marie Olga Saad	Fleet Admin	<i>[Signature]</i>	26/04/19
Ashleigh McLeod	Fleet Sales	<i>[Signature]</i>	26/04/19