

WorkCover NSW – certificate of capacity

PART C – TO BE COMPLETED BY THE WORKER PRIOR TO SENDING TO THE EMPLOYER OR INSURER (this does not involve the nominated treating doctor/treating specialist)

WORKER DECLARATION

Worker's first name

Rahmatullah

Last name

EFTIKHARI

Date of birth (DD/MM/YYYY)

05/05/1993

Worker's address

18/74-78 St Hilliers Road Auburn NSW 2144

Claim number

I ☐ have ☒ have not (tick appropriate box)

engaged in any form of paid employment, self employment or voluntary work for which I have received or am entitled to receive payment in money or otherwise since the last certificate was provided, that I have not yet declared to the insurer.

If you have been engaged in any form of paid employment or voluntary work, please provide details below (or attach when you forward this certificate to your employer or insurer).

I declare that the details I have given on this declaration are true and correct, knowing that false declarations are punishable by law.

Signature of worker

Date (DD/MM/YYYY)

29/08/1993

AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

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 checked="" 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 checked="" 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

While re-fitting gear-box Tech was re-fitting  
Torque converter bolts & needed turn  
Spin engine over to gain access to next  
bolt hole & jammed his finger in between  
engine & gearbox.

PART H – IMMEDIATE ACTION TAKEN

He was taken to hospital for stitches.

PART I – ACKNOWLEDGEMENT

Full Name

FRED JONES

Position

Service manager

Signature

*[Signature]*

Date

27/8/18

29/8/18

*[Signature]*

Tech.

Mohammed EFFIKHARI

AUSTRALIAN AUTOMOTIVE GROUP – INCIDENT REPORT FORM

INCIDENT REPORT FORM

PART A - INJURED WORKERS DETAILS

Name Rahmatullah Effi Khan Position title Technician Site location employed at city ford Rockdale  
Gender ☐ Male ☐ Female Date of Birth 5/5/93 Shift time 8-4.06 pm

PART B – PERSON COMPLETING THIS FORM

Full Name

Fred Jeares

Position

Service manager

Relationship to the

Service manager

Time you reported this  
incident to your manager

Friday 24th 10:00 am

PART C – INCIDENT DETAILS

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

Date of injury

24-8-18

Full Name

Rahmatullah Effi Khan

Was there any witnesses  
☐ No ☐ Yes (specify)

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.

