**Notifiable Incidents must be reported to Comcare.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Part A: Hazard/Injury/Incident Report (to be completed by the involved worker or manager)** | | | |
| **Is this a** 🗹 Hazard Report 🞎 Injury Report 🞎 Incident (i.e. near miss) report? | | | |
| **Is this a Notifiable Incident?** 🗹 No 🞎 Yes Date Reported to Comcare: | | | |
| Hazard Report No |  | Area of work |  |
| Date of Report |  | Specific hazard/Incident location |  |
| Date of incident |  | Time of incident |  |
| Reported by |  | Contact phone number |  |
| Contact email |  |
| Name of person injured (if applicable) |  | Contact phone number |  |
| Contact email |  |
| **Hazard Description** | | | |
| **Nature of injury (if applicable)** | | | |
|  | | | |
| **Part of body injured (if applicable)** | | | |
|  | | | |
| **Treatment Outcome (if applicable)**  🞎 Nil Required 🞎 First Aid 🞎 Medical treatment from GP 🞎 Hospital | | | |
| **Description of hazard/injury/incident** | | | |
|  | | | |
| **How did the hazard/injury/incident occur (contributing factors)?** | | | |
|  | | | |

|  |  |  |
| --- | --- | --- |
| PART B: Corrective Actions (to be completed by the Station Manager) | | |
| What needs to happen?  (to ensure that similar incidents do not occur in the future or to minimise the risk from the hazard) | **By When?** | **Person**  **Responsible** |
|  |  |  |

For management use:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PART C: SIGN OFF | | | | |
|  | **Name** | **Date** | **Phone** | **Signature** |
| Controls to be completed by: |  |  |  |  |
| Approved by organisational unit head/officer |  |  |  |  |
| Completion verified by health and safety representative (HSR) |  |  |  |  |

References

Australian Government.Comcare.(2016).Comcare: Work Health and Safety (WHS) Management Plan Template

Retrieved from: <https://www.comcare.gov.au/__data/assets/pdf_file/0008/145286/WHS_123a_04706_May17_v1fill-b66aa8587c8c4523af9505ce097736d4.pdf>