WHS Incident Injury Notification Report

SECTION A – REPORT INFORMATION			
Host Employer:		Site of Incident:	
Type of Incident:	☐ Injury / Illness ☐ Incident without Injury ☐ Near Miss ☐ Hazard		
Damage to:	☐ Property ☐ Environmental ☐ Plant		
Date/ Time of Incident:	……/……/…… am/pm	Date / Time of Report:	……/……/…… ……am/pm
Reported by:		Phone:	
Reported to:		Phone:	

SECTION B – INCIDENT INFORMATION
Summary of Incident:
Details of Incident: (*explain clearly how the incident occurred. Describe the events, conditions and activities that may have contributed to this incident. Describe the extent of damage (if any). Attach any photos, drawings or witness statements*)

Witness Details:			
Witness 1 Name:	*	Phone:	
Witness 2 Name:	*	Phone:	

** Please complete an **Incident – Witness Statement form** and send to Spinifex Recruiting along with this form*

SECTION C – INJURY INFORMATION			
Injured Persons Name:		D.O.B:	
Address:		Phone:	
Position:		Payroll Company (please tick)	☐ GWS Personnel ☐ JHA Recruitment ☐ Spinifex Commercial ☐ Spinifex Recruiting

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Details of Injury: *(Describe the type of injury and the body location of the injury)*						
Type of treatment administered:	☐ None	☐ First Aid	☐ Medical**	☐ Hospital **	☐ Other	
Details of Treatment provided:						
Treatment Provider Contact Details: Dr (name)…… Phone:……. Physio ……. Phone:……. Xray ……. Phone:……. Other …… Phone:…….						
Did the injured worker return to work? (please circle)	**Y**	**N**				
If YES when?						

*** Please ensure a Workcover Certificate of Capacity is obtained from the Medical Professional and send to Spinifex Recruiting along with this report.*

SECTION D – ACTIONS
What **Immediate Action/s** were implemented to control this incident?
What **Action/s** need to be implemented to prevent this incident reoccurring?

Person completing this form:					
Name:		Signature:		Date:	……/……/……
Supervisor:					
Name:		Signature:		Date:	……/……/……

OFFICE USE ONLY	*Is this incident WorkCover reportable? Yes ☐ No ☐*

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