Incident Report

All accidents & incidents will need to be reported and provided to the AILC.

PART A- DETAILS OF INCIDENT

RTO DETAILS:

Organisation Name: Australian Indigenous Leadership Centre		
Phone: 02 6251 5770	**Fax:** 02 6251 6312	**Email:** enquiries@ailc.org.au
Address:		

DETAILS OF INDIVIDUAL COMPLETING THIS FORM:

Name:		
Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐	**Date of Birth:**	**Gender: M ☐ F ☐**
Address:		
Contact number:	**Email:**	

DETAILS OF INCIDENT:

Date:	**Time:**
Location of Incident:	**Incident reported to:**
Names of the individual/s involved:	
Describe the incident: (attach additional info if more space is required)	

Recommendations:

Names and Contact details of any witnesses (if applicable):

Was anyone Injured? ☐ No (Please Sign). ☐ Yes (Complete Part B – Details of Injury)

PART B- DETAILS OF INJURY

DETAILS OF INJURED PERSON

Name:		
Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐	**Date of Birth:**	**Gender: M ☐ F ☐**
Address:		
Contact number:	**Email:**	

Mechanism of Injury:

☐Slip/trip/fall ☐Manual handling ☐Body stressing ☐Being hit by falling object

☐Being hit by moving objects ☐Exposure to heat/electricity ☐Exposure to biological agent (including body fluid) ☐Exposure to Chemical agent ☐Exposure to work stress

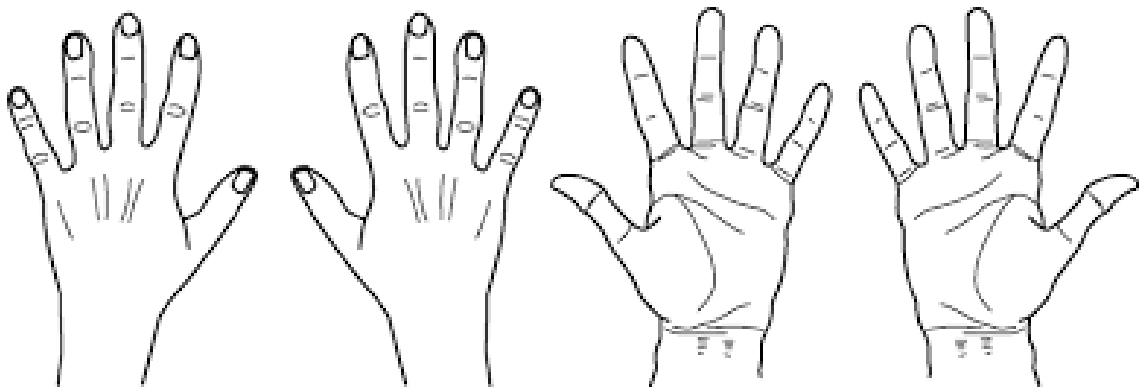
☐Violence ☐Other inappropriate behaviour ☐Other: _____

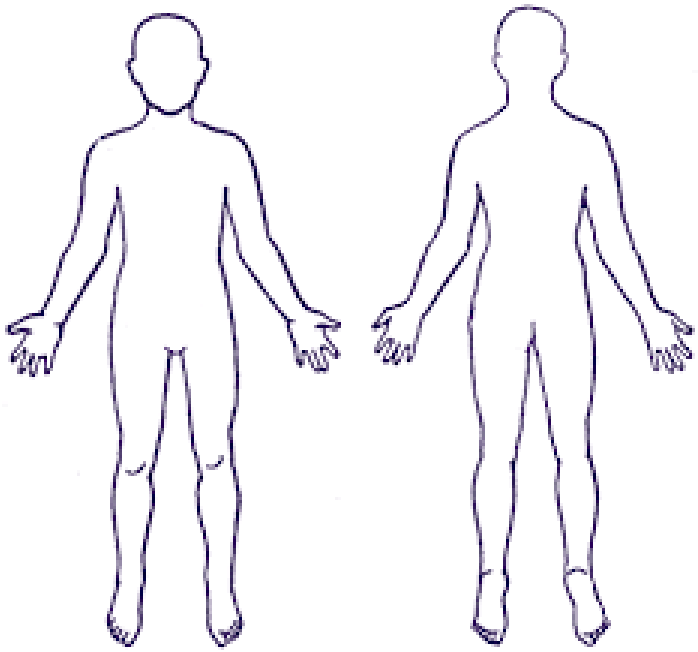
Nature of Injury:

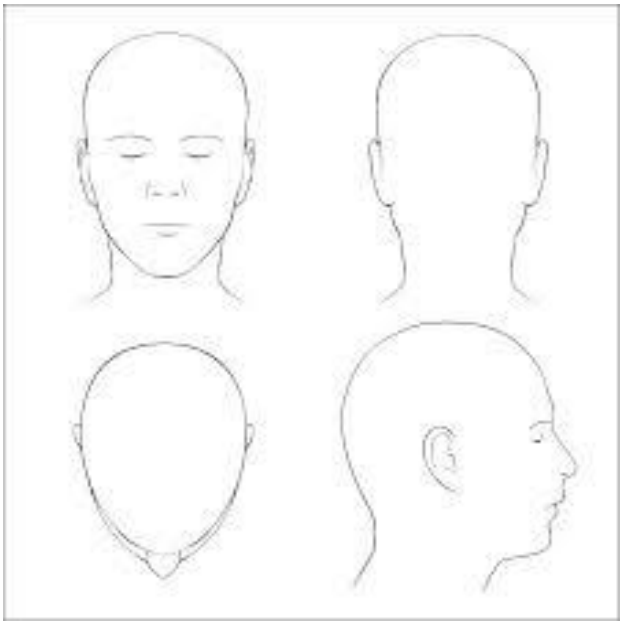
☐Sprain/Strain ☐Fracture ☐Cuts/Scratch/Abrasion ☐Bruising ☐Burn ☐Bite/Sting

☐Electrical shock ☐Concussion ☐Psychological ☐Other _____

Bodily Locations: (Please circle)







Treatment Required:

☐No treatment ☐First Aid ☐Doctor ☐Hospital outpatient ☐Hospital admission

☐Other _____

SIGNATURE OF PERSON COMPLETING FORM:

Name:	
Signature:	**Date:**

Additional information relating to this incident must be recorded on an additional form and uploaded to the same folder on the drive.

MANAGEMENT TO COMPLETE

All completed forms to be scanned and saved and data entered into the incident register.

Follow up (If required)

Action	By whom	By when

Actions completed

Signed (Manager/Supervisor):	**Date:**
☐ **Feedback given to involved Parties**	**Date:**

NOTES: