



# Incident Register Report

Tick the box **Incident**  **Injury**  **Near Miss**

### Particulars of person involved:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency contact details: \_\_\_\_\_

Witness name: \_\_\_\_\_ Witness Phone Number: \_\_\_\_\_

### Description of circumstances:

Date of Incident Injury or Near Miss: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ am/pm

Site: \_\_\_\_\_ Exact location on site: \_\_\_\_\_

Describe what happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature of injury or illness: \_\_\_\_\_

\_\_\_\_\_

Was time lost? \_\_\_\_\_

**Type of treatment given:**

Tick the box **First Aid**  **Hospital**  **Doctor**  **Other \***

\*specify details:

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Manager's Signature:

Date:

Print name:

Mobile:

**Corrective Actions:**

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Site:

Job Task performed:

Improvement measures:

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Follow up:

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**Work Cover Incident Notification – A work cover “notifiable incident” is:**

- **The death of a person**
- **A ‘serious injury or illness’**
- **A ‘dangerous incident’**

**Contact Work Cover on 131050 to report incident. Preservation of incident site until an inspector arrives unless otherwise directed.**

Time of notification:

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Name of Work Cover consultant:

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Requests made by Work Cover:

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