



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:

Manager's Signature: _____ Date: _____

Print name: _____ Mobile: _____

Corrective Actions:

Site: _____ Job Task performed: _____

Improvement measures:

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: _____

Name of Work Cover consultant: _____

Requests made by Work Cover: _____