



INCIDENT, ACCIDENT, INJURY, HAZARD, COMPLAINT, OTHER FORM

May 2021

EMERGENCY: AT ALL TIMES CALL 000

BUSINESS HOURS: HART Back to Base 0432 277 852

AFTER HOURS: Accidents – If vehicle driveable and safe, record details and complete shift. Fleet Manager [only if necessary] 0421 245 449.

Vehicle Breakdown: NRMA Businesswise 1300 369 349 and then Fleet Manager.

IS/WAS IMMEDIATE ACTION REQUIRED? Yes <input type="checkbox"/> No <input type="checkbox"/>			TYPE OF REPORT		
Date of Incident	Time of Incident	AM PM	Incident <input type="checkbox"/>	Accident <input type="checkbox"/>	
			Injury <input type="checkbox"/>	Hazard <input type="checkbox"/>	
Exact Location Of Incident			Other Details <input type="checkbox"/>	Complaint <input type="checkbox"/>	
People / Vehicles involved in incident					
Name Ph Client <input type="checkbox"/> Volunteer <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/>			Name Ph. Client <input type="checkbox"/> Volunteer <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/>		
Name Ph Client <input type="checkbox"/> Volunteer <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/>			Name Ph. Client <input type="checkbox"/> Volunteer <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/>		
Full name of person reporting incident					
Full name of person incident reported to and completing Incident report					
Describe the issue or what happened					
Was Ambulance called?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A	
Was person taken to hospital?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Which Hospital?	
Was a motor vehicle(s) involved?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Police called? Yes <input type="checkbox"/> No <input type="checkbox"/>	
HART /Own Registration No.			Other Registration No.		
Consultation i.e. do you have suggestions how this situation can be avoided in future? Use back of page, or attach more pages, if required.					
Signature					Date

OFFICE USE ONLY

Responsible staff: CEO HR Manager HR Assistant

What follow up has been done? Initial and date all entries

NOTE: Complete Risk Assessment Matrix below

Name	Signature	Date				
People provided with feedback	<u>OFFICE USE ONLY</u> 1. How severely could it hurt someone OR how ill could it make them?	2. How likely is it to be that bad?				
		Very likely could happen any time	Likely could happen sometime	Unlikely could happen but very rarely	Very unlikely could happen but probably never will.	
		1	1	2	3	
		Kill or cause permanent disability or ill health	1	2	3	4
		Long term illness or serious injury	1	2	3	4
By Whom and Date	Medical attention and several days off work	2	3	4	5	
	First aid needed.	3	4	5	6	
CEO Isaac Smith	Signature	Date				