



"Find a job you enjoy doing, and you will never work another day in your life"



# INJURY / INCIDENT / HAZARD AND INVESTIGATION REPORT FORM

This page is to be completed by or in consultation  
with employee concerned. The employee must sign.

Name of person completing form

Date

## Employee Details

First Name	Surname	Date of Birth
Address		
Phone	Email	

## Injury, Incident/Hazard Details

Work Injury		Work Caused Illness		Fatality	
Incident / Property Damage		Motor Vehicle Accident		Near Miss	
Fatality		Hazard Identified		Notification Only	
Client/Company Working at		Your Position/Role		Your Supervisor	
Incident Date	Incident Time	Date Reported	Time Reported	Reported to Whom	

## Complete Applicable Items

Type of Injury Sustained (e.g., Laceration, Spain, etc.)	Injury Sustained to (i.e., part of the body)	Is this a recurrence of a previous illness/injury? Yes      No
Describe the Incident or Hazard etc. in Detail: I.e., what were you doing, where were you and what occurred and how? (Attach additional pages as required)		

## Witnesses

1. Name	Email	Phone
2. Name	Email	Phone

## Employee Name & Signature

	Date
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# INJURY / INCIDENT / HAZARD AND INVESTIGATION REPORT FORM

This page is to be completed by Managing  
Consultant and State Business Manager

## Incident/Hazard Investigation Details

Managing Consultant	Business Manager
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Who reported the incident/hazard to FINDMEA?	Have you spoken to our Employee's on-site Supervisor/Manager? Yes    No	Have you requested the client Incident Report Form? Yes    No
Have you created an Employee Folder in Drop Box – Employee Incident Reports? Yes    No	Have you entered required commentary in Fasttrack for Client and Candidate? Yes    No	Is Injury Management Required? Yes    No

## Contributing Cause/s of Accident or Incident

Design of plant facilities and equipment	Incorrect Storage
Job Planning and Instruction Inadequate	Incorrect/Lack of Personal Protective Equipment
Rules, procedures, work methods not followed	Incorrect tools/mechanical aids used
Rules, procedures work methods inadequate	Inadequate knowledge/ skill
Incorrect body position in relation to work	Chemical Exposure/personal hygiene
Guarding/protective device not provided or ineffective	Improper vehicle operation
Plant/equipment defective	Inattention to detail of job
Plant/equipment operated incorrectly	Action of fellow employee
Housekeeping	Environmental factors
Other (please Specify)	

Provide any further information on contributing causes here;

## Additional Checks

Can you confirm employee was site inducted? Yes    No	Can you confirm the employee was trained in task being undertaken? Yes    No	Can you confirm the employee had previous experience in the role? Yes    No
Have you received a copy of employee site induction? Yes    No	Have you received a copy of the training record from Client? Yes    No	Has a FINDMEA OH & S Representative been to site to investigate? Yes    No

## Witness Confirmation

1. Name	Contacted? Yes    No	Verified? Yes    No
2. Name	Contacted? Yes    No	Verified? Yes    No

## Manager Signature

	Date
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# INJURY / INCIDENT / HAZARD AND INVESTIGATION REPORT FORM

This page is to be completed by FINDMEA OH & S  
Manager

## Corrective Actions

Immediate Corrective Action/s	Responsible Party	Date To Be Completed	Actual Date Completed
1.	Name		
2.	Name		
3.	Name		
Corrective Actions Implemented? Yes    No    Follow Up Date:	Corrective Actions Satisfactory? Yes    No	Are further actions required? Yes    No    Follow Up Date:	

Long-Term Corrective Action/s	Responsible Party	Date To Be Completed	Actual Date Completed
1.	Name		
2.	Name		
3.	Name		
Corrective Actions Implemented? Yes    No	Corrective Actions Satisfactory? Yes    No	Are further actions required? Yes    No	

Investigation Follow Up Required? Yes    No    Follow Up Date:	Corrective Actions Satisfactory? Yes    No    Follow Up Date:	Are further actions required? Yes    No    Follow Up Date:
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Investigation Closed?	Yes    No	Name & Initial
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## Investigating Team

1.    Name	Signature	Date
2.    Name	Signature	Date



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# INJURY / INCIDENT / HAZARD AND INVESTIGATION REPORT FORM

This page is to be completed by FINDMEA RTWC

## Injury Management – Return to Work Status

Has the worker lodged a Work Cover Claim?	Which Workcover Authority?	Have we received the claim?
Yes    No    Date:		Yes    No    Date:

Full Capacity Certificate Received Date: Go To Section 1	Partial Capacity Certificate Received Date: Go To Section 2
No Capacity Certificate Received Date: Go To Section 3	Immediate Return to Work – No Lost Time No Further Action Required

## Section 1

Has The Worker Returned to Work?	Has the Worker Returned to Same Client?	Are further actions required?
Yes    No    Date:	Yes    No	Yes    No
Detail any further assistance required;		

## Section 2

Has the Worker returned to partial/alternative duties?	Has the Worker returned to same Client?	Have we consulted with treating doctor?
Yes    No    Date:	Yes    No	Yes    No
Detail any further assistance required;		

## Section 3

Has a treatment plan been implemented?	Has the Client agreed to assist in a return-to-work plan?	Are further actions required?
Yes    No    Date:	Yes    No	Yes    No
Detail any further assistance required;		

Full return to work completed?	Yes    No	Name & Initial
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## Return to Work Coordinator

Name	Signature	Date
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