

# INCIDENT REPORT FORM

## 1. TYPE OF REPORT

Injury/Illness       Near Miss       Vehicle/Property Damage

## 2. INCIDENT DETAILS

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM Location: \_\_\_\_\_

### DESCRIPTION


## 3. INVOLVED PERSON

Given Name: _____		Surname: _____	
Telephone: _____		Email: _____	
<input type="checkbox"/> RGRC Employee	Employee No: _____	Department: _____	
<input type="checkbox"/> Contractor	Employer: _____	RGRC Contact: _____	
<input type="checkbox"/> Visitor	Reason for visiting: _____		

## 4. WITNESS DETAILS

### WITNESS 1

<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Visitor	<input type="checkbox"/> Member of Public
Given Name: _____		Surname: _____	
Telephone: _____		Email: _____	

### WITNESS 2

<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Visitor	<input type="checkbox"/> Member of Public
Given Name: _____		Surname: _____	
Telephone: _____		Email: _____	

## 5. POLICE DETAILS

Did the Police attend?  Yes  No      Contact: \_\_\_\_\_      Promis Number: \_\_\_\_\_

## 6. INJURY/ILLNESS DETAILS


### TREATMENT

None       First Aid       Doctor       Hospital Outpatient       Hospital Inpatient

## 7a. INVOLVED VEHICLE DETAILS

Make: _____	Model: _____
Colour: _____	Registration: _____

## 7b. INVOLVED PROPERTY DETAILS


## 8. SUPERVISOR

Given Name: _____		Surname: _____	
Telephone: _____		Email: _____	
Time Notified of Incident: _____		Date: _____	

**AN INCIDENT REPORT FORM MUST BE SUBMITTED  
WITHIN 24 HOURS OF AN INCIDENT**

## **INSTRUCTIONS**

This form is for reporting incidents - Injury/Illness, Near Miss (includes non-injury incidents), Vehicle/Property Damage. An Incident Report Form must be submitted within 24 hours of the incident occurring. Hazards are to be reported using the Hazard Report form.

### **FOR INJURY OR ILLNESS**

- Fill in Sections 1, 2, 3, 4, 5, 6 and 8

### **FOR NEAR MISS**

- Fill in Sections 1, 2, 3, 4, 5, 7a, 7b and 8

### **FOR VEHICLE/EQUIPMENT DAMAGE**

- Fill in Sections 1, 2, 3, 4, 5, 7a, 7b and 8

### **PERSON INVOLVED IN INCIDENT, OR REPORTING OR INCIDENT**

- Copy form and retain copy as a receipt of injury notification
- Forward the form on to your Supervisor, RGRC Contact or the WHS Coordinator and participate in investigation of the incident as required.
- Supervisor should fill in the form if the injured person is unable to do so

### **SUPERVISOR**

- Attend hospital or clinic with injured person and obtain relevant workers compensation medical certificate
- Notify the WHS Coordinator (Ph:0408 720 470) immediately of all serious incidents
- Review form
- Send this form to Roper Incident Reporting – [incidents@ropergulf.nt.gov.au](mailto:incidents@ropergulf.nt.gov.au)
- Participate in investigation of incident

**THIS IS NOT A WORKERS COMPENSATION CLAIM FORM.**

**Contact the WHS Coordinator on 8972 9000 regarding workers compensation claims.**