

# WHS INCIDENT REPORT

{{Logo}}

## PERSON COMPLETING REPORT

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Title Employee / Contractor / Student / Visitor

Date: \_\_\_\_\_

## DETAILS OF INCIDENT

Q1 Describe the incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q2 Was the identified incident on the RTO's premises?  Yes  No

Q3 Date and time incident occurred:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time: \_\_\_\_\_ am / pm

Q4 Where did the incident occur

Training Room

Kitchen

Toilets

Administration Office

Front reception

Outside the college premises

Other \_\_\_\_\_

## INJURY REPORT

In the event of an injury, please complete the following details: (if applicable)

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Title Employee / Contractor / Student / Visitor

Home Address \_\_\_\_\_

Suburb \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sex Male / Female



Q5 What was the injured person doing at the time of incident?

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Q6 Please indicate location of injury on the body by circling estimated location below:



Q7 Did the injured person require medical treatment?

Yes  No

If yes, where was the treatment undertaken and what medical assistance did the injured person require?

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Once this form has been completed, please forward to the RTO Office for action and monitoring, the RTO will then forward this form to the WHS Officer.

**ACTION TAKEN/REQUIRED – TO BE COMPLETED BY WHS OFFICER**



Q8 Was the risk eliminated?  YES  NO go to Q9

If yes, how was it eliminated?

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Q9 Was a substitute introduced, and/or isolated and/or engineered to minimise risk?  YES  NO go to Q10

If yes, what was implemented?

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Q10 Was an administrative control put into place?  YES  NO go to Q11

If yes, what administrative control was put into place?

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Q11 Was Personal Protective Equipment required to be introduced?

YES  NO

If yes, what PPE was implemented?

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WHS Risk Assessment Undertaken	YES/NO	Date:
Was an Opportunity for Improvement identified?	YES/NO	OFI No.:
Actions discussed at Quality & Compliance Meeting	YES/NO	Date:

