

FORM D – Injury Report Form

Date of notification:	__/__/__	Department:		
Name of person reporting:				
Injured person's name:				
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	__/__/__
Address of injured person:				
Injury involving:	<input type="checkbox"/> Staff	<input type="checkbox"/> Supported Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other
Date of injury:	__/__/__	Time of injury:	__:__ am/ pm	
What was the person doing just before the injury?				
Type of Injury (e.g. cut, sprain, burn etc):				
Location where injury / accident occurred (what area of the building):				
Witnesses or first on scene: (names and contact numbers)				
1.				
2.				
What first aid / medical assistance was given to the injured person?				
<input type="checkbox"/> Nil <input type="checkbox"/> First aid <input type="checkbox"/> Doctor / Hospital				
What happened next? (✓ appropriate response or write in Additional Comments)				
Transported out by:				
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Back to work immediately (< 1 hour lost time)			
<input type="checkbox"/> Co-worker	<input type="checkbox"/> 1 – 4 hours lost time due to injury			
<input type="checkbox"/> Other (List in Additional Comments)	<input type="checkbox"/> 4 - 8 hours lost time due to injury			
	<input type="checkbox"/> Greater than 8 hours lost time due to injury			
Additional comments:				
Injury Investigation: What appears to have caused the accident?				
<input type="checkbox"/> Written procedures not followed <input type="checkbox"/> Not physically capable to undertake task <input type="checkbox"/> Not trained / competent in the task <input type="checkbox"/> Poor workplace / process design <input type="checkbox"/> Written procedures not available <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Faulty equipment <input type="checkbox"/> Rushing <input type="checkbox"/> Distracted <input type="checkbox"/> Lack of communication <input type="checkbox"/> Poor work practices <input type="checkbox"/> Other (list)				
Preventative Measures: What can be done to prevent this from happening again?				
Is a Job Safety Analysis / Safe Work Procedure required?				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is additional training required? (list in Other Comments below)				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Comments:				

If this incident could happen again and cause another injury a Hazard Report must be completed