

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

December 2019

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 IMMEDIATE ACTION REQUIRED?	Yes □	No 🗆	ם ו	TYP	E OF REPORT	
Date of Incident	Time of Incid	dent A	λM	Incident	Accident	
		P	M	Injury	Hazard	
Exact Location Of Incident			141	Other Details	Complaint	
		Ι				
Full Name of Person / People Invo	lved	Name Ph.				
Name Ph		Name Ph.				
Are they a Client 🗆 Volunteer		Contrac	ctor	□ Other □		
Full name of person reporting inci	dent					
Full name of person incident repo	rted to					
Describe the issue or what happe	ned					
Was Ambulance called?	Yes	□ N	lo 🗖	N/A		
Did person refuse Ambulance assista	nce? Yes	□ N	0 🗆	N/A		
Was person admitted to hospital?	Yes		10 🗖	Which Hos	spital?	
Motor vehicle(s) involved?	Yes		U		led? Yes 🗖 No [
HART /Own Registration No. Consultation i.e. do you have sug		ner Registr this situa			ed in future? Use	
back of page, or attach more po	•		11011	2411 20 44014	030	
Name	Signatu	ıre			Date	
Person writing report	0.3	-				
Office Use Only Responsible staff: HR Manage	.r □ ⊔□	Accietan	.+ 🗀		`FO []	
Responsible staff: HR Manage	:	R Assistan	ш Ц	C	CEO 🗌	

Wh	at follow up has been o	done		<u>use Onlt</u> I date all e	ntries		
	Names of Relevant People	OFF	ICE USE ONLY	2. How likely	is it to be that	bad?	
	provided with Feedback	1. How severely could it hurt someone OR how ill could it make them?		Very likely could happen any time	Likely could happen sometime	Unlikely could happen but very rarely	Very unlikely could happen but probably never will.
		per disc hec		1	1	2	3
			g term illness or ous injury	1	2	3	4
		and off	dical attention d several days work	2	3	4	5
		First	aid needed.	3	4	5	6
Ву	Whom		Signature	I	<u>I</u>	Date	I.
			1			1	