INCIDENT/ NEAR MISS FORM

PERSONAL INFORMATION							
Name:		Department:					
Address:			State:		Postcode:		
Date of Birth:		Age:			Male	Female	
Home Phone:	( )	Work Phone:	( )	Mobile:			

EMPLOYMENT INFORMATION			
Employment Status: ☐ TEG Employee ☐ Contractor ☐ Visitor			
Position:		Manager:	
Company / Business Unit:		Contact Number:	

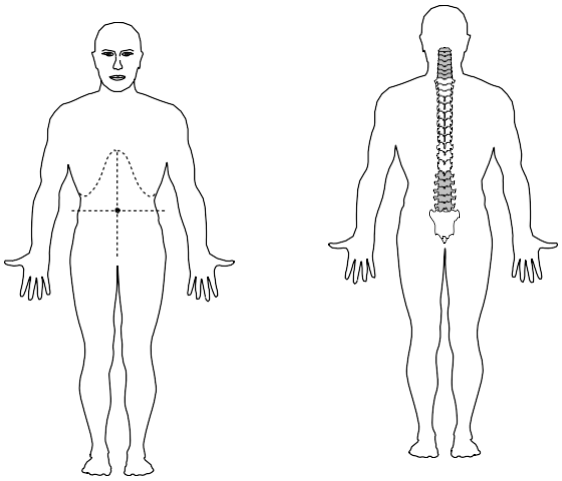
INCIDENT DETAILS					
Date:		Time:		Location:	
Please Select:	at work / outside of work				
Injury / Hazard Description:					

Description of the Incident (what happened), If this was a vehicle accident, please draw diagram of accident:

IF AN INJURY WAS SUSTAINED, COMPLETE THE INJURY DETAILS SECTION.
IF NOT, SKIP TO THE VEHICLE ACCIDENT INFORMATION
IF NOT VEHICLE ACCIDENT, SKIP TO LAST PAGE

INJURY DETAILS

Injury / Illness Type:		Cause (eg. Slip / Trip):	



On the diagram, please indicate with a cross (X) the location of the injury

Treatment Provided:

Name and Contract # of person providing First Aid:			
Patient After Care: (Tick appropriate response)			
Returned to work ☐ Left in Ambulance ☐ Went home ☐ Taken to hospital ☐ Taken to the Doctor ☐ Other:			
Ambulance Station and Number:		Hospital Transported to:	

VEHICLE ACCIDENT

Speed at time of accident:	Km/h		
Weather Conditions:	Sunny Overcast Raining Night	Road Conditions:	Wet Dry Rough
Drivers License Number:		Expiry Date:	/ /
Registration Number:		Expiry Date:	/ /
Vehicle Type:		Vehicle Make:	
Have you ever been convicted of any traffic offence or had your license suspended?			
No ☐ Yes ☐ If Yes, please give details below			

THIRD PARTY DETAILS

Drivers Name:		Phone Number:	
Address:			
Drivers License Number:		Registration:	
Vehicle Type:		Vehicle Make:	
Owners Name:		Phone Number:	
Address:			
Insurance Company:		Policy Number:	
Description of Damage to Vehicle:			

WITNESS

Were there any witnesses to the accident?		No ☐ Yes ☐	
Witness Name:		Phone Number:	
Independent ☐ Your Vehicle ☐ Third Party Vehicle ☐			

POLICE

Were the police advised of the accident?	No □ Yes □
Did police attend the accident?	No □ Yes □
Police Station:	
Police Report Number:	

DEBRIEF			
Was an Ambulance called?	Yes ☐ No ☐	Who called the Ambulance?	
Who was notified?			
Did they follow instructions as per Emergency Signage?	Yes ☐ No ☐	Was Emergency Signage displayed nearby?	Yes ☐ No ☐
Other Comments:			

SIGN OFF					
Injured Person Name:		Signature:		Date:	
Manager:		Signature:		Date:	
General Manager Human Resources:		Signature:		Date:	