



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

July 2018

**BACK TO BASE: 0432 277 852 AFTER HOURS ON CALL EMERGENCY: 0434 257 886**

<b>IS IMMEDIATE ACTION REQUIRED?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			<b>TYPE OF REPORT</b>			
Date of Incident	Time of Incident	AM	Incident	<input type="checkbox"/>	Accident	<input type="checkbox"/>
		PM	Injury	<input type="checkbox"/>	Hazard	<input type="checkbox"/>
Exact Location Of Incident Alstonville Clinic			Other Details	<input type="checkbox"/>	Complaint	<input type="checkbox"/>
Full Name of Person / People Involved in Incident						
Are they a Client <input type="checkbox"/> Volunteer <input type="checkbox"/> Staff <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input type="checkbox"/>						
Full name of person reporting incident						
Full name of person incident reported to						
Describe the issue or what happened						
Was Ambulance called?    Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
Did person refuse Ambulance assistance?    Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
Was person admitted to hospital?    Yes <input type="checkbox"/> No <input type="checkbox"/> Which Hospital?    N/A						
Motor vehicle(s) involved?    Yes <input type="checkbox"/> No <input type="checkbox"/> Police called?    Yes <input type="checkbox"/> No <input type="checkbox"/>						
NRCT /Own Registration No.    Other Registration No.						
<b>Consultation</b> i.e. do you have suggestions how this situation can be avoided in future? Use back of page, or attach more pages, if required.          						
<b>Name</b>			<b>Signature</b>			<b>Date</b>
<b>Office Use Only</b> <b>Responsible staff:</b> HR Manager <input type="checkbox"/> HR Assistant <input type="checkbox"/> CEO <input type="checkbox"/>						

**OFFICE USE ONLY**

**What follow up has been done?** Initial and date all entries


	<b><u>OFFICE USE ONLY</u></b>	<b>2. How likely is it to be that bad?</b>			
<b>Names of Relevant People provided with Feedback</b>	<b>1. How severely could it hurt someone OR how ill could it make them?</b>	Very likely could happen any time	Likely could happen sometime	Unlikely could happen but very rarely	Very unlikely could happen but probably never will.
	Kill or cause permanent disability or ill health	<b>1</b>	<b>1</b>	<b>2</b>	<b>3</b>
	Long term illness or serious injury	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
	Medical attention and several days off work	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	First aid needed.	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

<b>By Whom</b>	Signature	Date
CEO Colleen Thomas	Signature	Date