hart services

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

June 2017

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

IS IMMEDIATE ACTION REQUIRED? Yes ☐ No ☐			**TYPE OF REPORT**			
Date of Incident	**Time of Incident**	**AM**	Incident		Accident	
			Injury		Hazard	
Exact Location Of Incident			Other Details		Complaint	

Full Name of Person / People Involved in Incident

Are they a Client ☐ Volunteer ☐ Staff ☐ Contractor ☐ Other ☐

Full name of person reporting incident

Full name of person incident reported to

Describe the issue or what happened

Was Ambulance called? Yes ☐ No ☐ N/A

Did person refuse Ambulance assistance? Yes ☐ No ☐ N/A

Was person admitted to hospital? Yes ☐ No ☐ Which Hospital? N/A

Motor vehicle(s) involved? Yes ☐ No ☐ Police called? Yes ☐ No ☐

Hart Services /Own Registration No. Other Registration No.

Consultation.

Name	**Signature**	**Date**

Office Use Only

Responsible staff: Operations Manager ☐ HR Manager ☐ CEO ☐

OFFICE USE ONLY

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

Names of Relevant People provided with Feedback	**OFFICE USE ONLY** **1. How severely could it hurt someone OR how ill could it make them?**	**2. How likely is it to be that bad?**			
		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	1	1	2	3
	Long term illness or serious injury	1	2	3	4
	Medical attention and several days off work	2	3	4	5
	First aid needed.	3	4	5	6

By Whom	Signature	Date
CEO Colleen Thomas	Signature	Date