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1.12A INCIDENT/HAZARD REPORT FORM

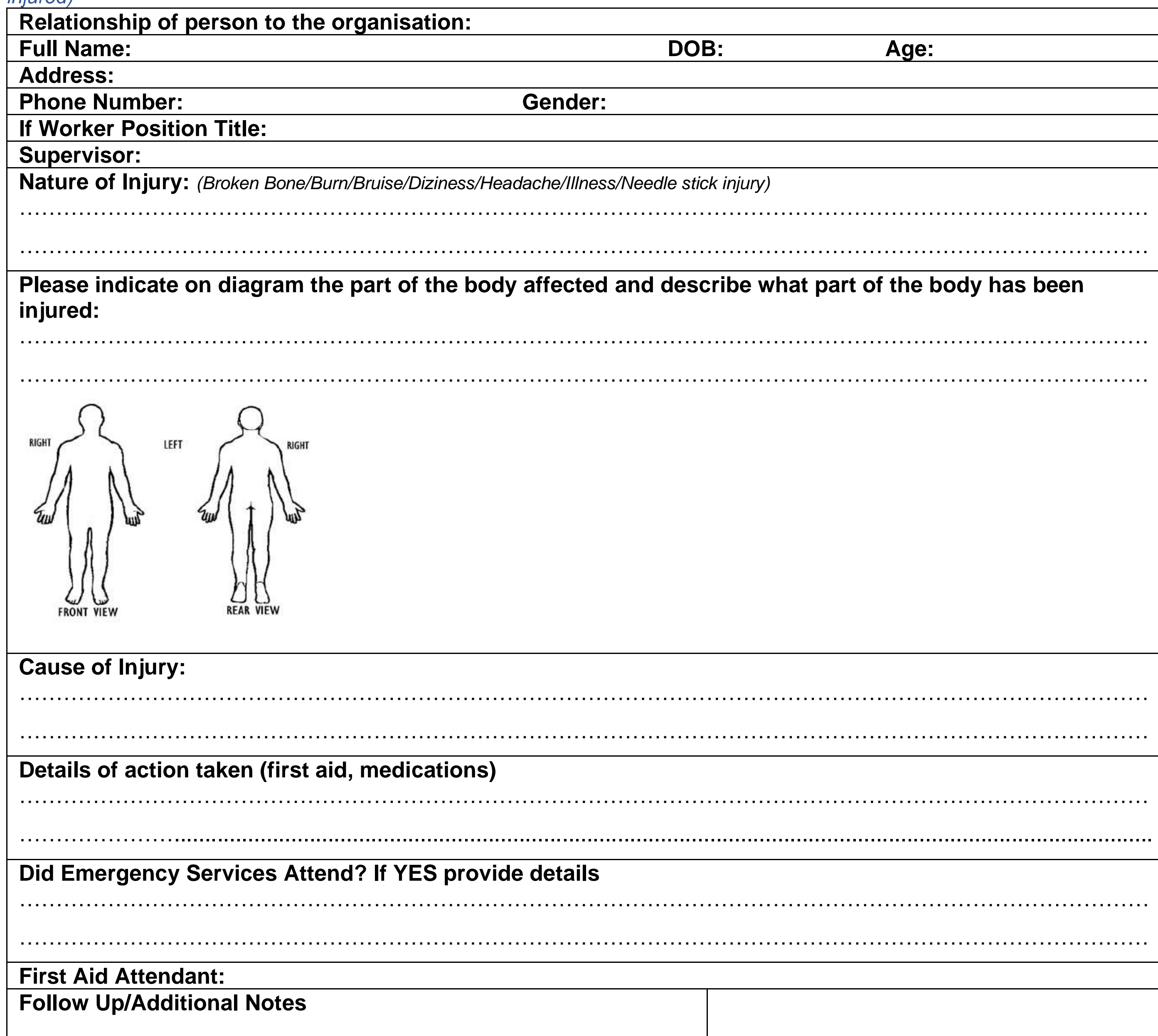
Incident Name:	**Incident Number:** *to be completed by supervisor*
Date Incident Occurred:	
Report Type: ☐ Incident ☐ Injury/ Illness ☐ Hazard ☐ Child Helpline Report	

Section One – Incident Details

Fully name of all people involved	
Child Protection Helpline Ref Number:	**Child File Ref Number:**
Incident Description: *Describe what happened before, during and after the incident (use attachment if required).* …………………………………………………………………………………… …………………………………………………………………………………… …………………………………………………………………………………… …………………………………………………………………………………… …………………………………………………………………………………… …………………………………………………………………………………… ……………………………………………………………………………………	
Date of Incident:	**Time of Incident:**
Incident Reported to Supervisor – Date:	**Time:**
Other Relevant Parties Notified Including Details: *(Example: Carer, Family, Person Responsible, Other Agency)*	
Date other party notified:	**Time other Party Notified:**
Record of attempt to contact other Party (Date and Time):	
Outcome of Contact:	
Date Incident Report Written:	**Time Incident Report Written:**
Location where Incident occurred:	
Activity being performed at the time:	
Reported by:	**Signature:**

Section Two – Category and Consequence

Incident Category – Primary *Select one only*	☐Child Protection Helpline Report ☐Participant Challenging Behaviour ☐Participant Injury ☐Participant Missing ☐Participant Wellbeing ☐Emergency Services/Security Call ☐Hazard/Safety Concern/Near Miss ☐Medication Incident – Other than Staff related	☐Medication Incident – Staff related ☐Money Missing/Taken ☐Property Damage/Loss ☐Public/Neighbour/3rd Party ☐Reportable Incident - Disabilities ☐Service Vehicle Related Damage ☐WHS – Staff Injury
Incident Category – Secondary *Select one only*	☐Child Protection Helpline Report ☐Participant Challenging Behaviour ☐Participant Injury ☐Participant Missing ☐Participant Wellbeing ☐Emergency Services/Security Call ☐Hazard/Safety Concern/Near Miss ☐Medication Incident – Other than Staff related	☐Medication Incident – Staff related ☐Money Missing/Taken ☐Property Damage/Loss ☐Public/Neighbour/3rd Party ☐Reportable Incident - Disabilities ☐Service Vehicle Related Damage ☐WHS – Staff Injury



Section Three – Injury Details – Worker/Participant/Contractor/Volunteer/Visitor (*only complete if a person is injured)*

Relationship of person to the organisation:		
Full Name:	**DOB:**	**Age:**
Address:		
Phone Number:	**Gender:**	
If Worker Position Title:		
Supervisor:		
Nature of Injury: *(Broken Bone/Burn/Bruise/Diziness/Headache/Illness/Needle stick injury)* ………………………………………………………………………………………………… …………………………………………………………………………………………………		
Please indicate on diagram the part of the body affected and describe what part of the body has been injured: ………………………………………………………………………………………………… …………………………………………………………………………………………………		
RIGHT LEFT RIGHT FRONT VIEW REAR VIEW		
Cause of Injury: ………………………………………………………………………………………………… …………………………………………………………………………………………………		
Details of action taken (first aid, medications) ………………………………………………………………………………………………… …………………………………………………………………………………………………		
Did Emergency Services Attend? If YES provide details ………………………………………………………………………………………………… …………………………………………………………………………………………………		
First Aid Attendant:		
Follow Up/Additional Notes		

Section Four – Hazard Report *(please complete an Individual Risk Assessment)*

What is the hazard:		
Recommended Action/s:		
Immediate or temporary action taken:		
Has an Individual Risk Assessment been completed: Y/N		
Reported by:	**Signature:**	**Date Reported:**

Participant Representative/Guardian Signature:_____________________________**Date:**__________________

Worker/Provider Signature:____**Date:**__________________

Co-ordinator Signature:____**Date:**__________________

Office Use Only

Action	Name	Date
Date received		
Copy to Provider/Support Worker Y/N		
Copy to Participant Rep./Guardian/Carer Y/N		
NDIS Notified Y/N		
Filed Y/N		
Supervisor Signature		