

INCIDENT/ACCIDENT REPORTING FORM

Form Number FAPT-OSH-002

Requiring Medical Attention

Serious Near Miss

Major Damage

Completed by: _____

Personal details of the worker

1. Surname _____
Given Names _____

2. Description of occupation or job title

Details of the incident of injury

3. Date incident/injury occurred or reported _____

4. Time of occurrence _____

5. Description of occurrence of incident or injury; what happened?

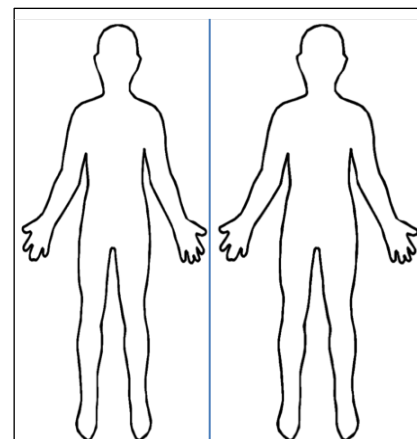
6. Nature of injury _____

Body location of injury _____

7. Do you intend to claim workers compensation: Yes No

Indicate where relevant:

Haemorrhage	=	H	Abrasion	=	A
Paralysis	=	////	Lacerations	=	L
Swelling	=	SW	Burns	=	B
Apparent Fracture	=	===	Loss of Sensation	=	S
Rigidity	=	R	Pain	=	P



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