

# 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 Name \_\_\_\_\_  
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

