



Roman Catholic Archdiocese of Brisbane

Appendix 15.6

**INJURY/ ILLNESS/ INCIDENT REPORT**

Service: .....

Address: ..... Telephone:.....

**Personal Details:**

.....  
Surname First Name Other Name (s)

Address .....Telephone .....

**Incident Involving:**  Staff  Volunteer  Visitor  Contractor  Other .....

**Type Of Incident:**

- Fatality  Ambulance  Workers Compensation Claim
- Serious Bodily Injury  Hospitalisation  Lost Time Injury
- Injury  First Aid only  No Lost Time Injury
- No injury  Dangerous Occurrence  Medical Expenses Only
- Illness  Notification Only

**Incident Details:**

Date:..... Time: .....

**Location of Incident:** (in which part of the facility did incident occur?)

.....  
.....

**What Occurred?:** (brief details)

.....  
.....  
.....

**Has This Incident Been Reported (e.g. Manager, Supervisor)?** YES NO

If yes, who was it reported to and when:

.....  
.....



Roman Catholic Archdiocese of Brisbane

**Appendix 15.6**

**Bodily Location of Injury:** (e.g. lower back, right leg)

.....  
 .....

**Type of Injury/ Illness:**

- Sprain/ strain
- Superficial injury
- Open wound / skin tear
- Concussion
- Burns
- Laceration
- Fracture
- Dislocation
- Other and unspecified injuries .....

**Mechanism of Injury/ Illness:**

- Manual Handling
- Fall from a height
- Contact with electricity
- Repetitive Movement
- Slip, trip, fall
- Contact with heat/ cold
- Other muscular stress
- Hit object with body
- Vehicle accident
- Contact with chemical
- Struck by object/ person
- Contact with chemicals
- Other .....

**First Aid:**

Administered:  Yes  No Date:...../...../.....Time:.....  
 Treatment given: .....  
 By whom (Name):.....Signature.....  
 Reported to Doctor Yes No Name of Doctor:.....  
 Hospitalised Yes No Name of Hospital: .....

**Possible Contributing Factors:**

- Environment:  Time  Weather  Psychological  
 Cultural  Building  Vehicle  
 Plant or Equipment
- Design:  Human  System

**Person Making Report:**

Name..... Date..... / ..... / .....

Signature .....



Roman Catholic Archdiocese of Brisbane

**Appendix 15.6**

**Additional Comments:**


**Investigation by Workplace Health and Safety Officer:**

Summary: .....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

WH&SO (Name): ..... Date..... / ..... / .....

Signature: .....