

CHALLENGE BATHURST INCIDENT/HAZARD REPORT

Incident No.....

This Report is to be completed by the individual identifying the incident/hazard and given to your Supervisor at end of the day. If, however, the incident has resulted in an injury requiring medical assistance (or is a hazard potentially resulting in serious injury), this Report is to be provided to the Event Management Office immediately.

THIS IS A REPORT OF: (Please circle one only)

A	Injury	First Aid or Medical Treatment Only	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY DEPARTMENT: TYPE: </div>
B	Injury	Medical Treatment and Lost Time	
C	Injury	No First Aid or Treatment Required	
D	Hazard	Complete Section 2 and 6 Only	
E	Incident	No injury or damage (i.e. near miss), complete Section 2 and 3	

ARE YOU: (Please circle)

A	Permanent Employee	E	Temporary Employee	I	Competitor
B	Part Time Employee	F	Contractor	J	Member of the Public
C	Full Time Employee	G	Visitor	K	Other (please specify)
D	Casual Employee	H	Official or Volunteer	

SECTION 1 – DETAILS OF INJURED PERSON:

Name:	Contact Phone No:	
Address:		
Job Title:	Supervisor:	
Section:	Commencement Date:	
Male/Female:	Payroll No:	Date of Birth:

**SECTION 2 – DETAILS OF PERSON COMPLETING FORM
(if same as Section 1, enter "As Above")**

Name:	Contact Phone No:
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SECTION 3 – INCIDENT/NEAR MISS/HIT DETAILS:

Incident Date:	Incident Time:	am/pm
Incident Location:		
Is this the usual workplace for this employee?	YES / NO	
How did the incident occur?		

Date Notice Given:	Time Notice Given:	Reported To:
Did You Cease Work?	Date Ceased Work:	Time Ceased Work:

SECTION 4 – FIRST AID DETAILS:

Name of person providing first aid:	Contact Phone No:
Details to first aid treatment given:	

SECTION 5 – INJURY DETAILS: Body Part Injured: (please indicate below)

Circle if Applicable:	LEFT	RIGHT	Eye	Nose
	Back	Finger/Thumb	Toe	Respiratory System
	Neck	Hand	Foot	Head
	Shoulder	Wrist	Ankle	Other (please specify)
	Trunk	Elbow	Knee	
	Groin	Arm	Leg	

