## 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) First Aid or Medical Treatment Only Α Injury OFFICE USE ONLY В Medical Treatment and Lost Time Injury DEPARTMENT: C Injury No First Aid or Treatment Required TYPE: D Hazard Complete Section 2 and 6 Only Incident No injury or damage (i.e. near miss), complete Section 2 and 3 F ARE YOU: (Please circle) Permanent Employee Ε Temporary Employee Ι Competitor В Part Time Employee F Contractor J Member of the Public C Full Time Employee G Visitor K Other (please specify) Casual Employee Official or Volunteer D Н **SECTION 1 – DETAILS OF INJURED PERSON:** Name: Contact Phone No: Address: Job Title: Supervisor: Section: Commencement Date: Payroll No: Male/Female: Date of Birth: SECTION 2 - DETAILS OF PERSON COMPLETING FORM (if same as Section 1, enter "As Above" Name: Contact Phone No: SECTION 3 - INCIDENT/NEAR MISS/HIT DETAILS: Incident Date: **Incident Time:** am/pm Incident Location: Is this the usual workplace for this employee? NO YES How did the incident occur? Date Notice Given: Time Notice Given: Reported To: Time Ceased Work: Did You Cease Work? Date Ceased Work: **SECTION 4 – FIRST AID DETAILS:** Contact Phone No: Name of person providing first aid: 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

CHALLENGE BATHURST INCIDENT/HAZARD REPORT
Incident No......

Nature of Injury: (p	olease indicate i							
Fracture		Burn/Scald	Sprain/		n/Strain		Bite-from insect	
Crush		Electric Shock	(	Concu	Concussion		Bite-from animal	
Dislocation		Deafness		Bruise	Bruise/Swelling		Bite-from human	
Abrasion/Laceration		Puncture Woo	und	Amputation			Other (please specif	y)
Allergic Reaction		Foreign Body Infection/I			ion/Infestatio	n		
Tick the box(es) the	at best describe	the incident:						
Fall to same level		Stretching/over reaching			Long term exposure to sun			
Fall to different le	evel	Twisting			Electric Shock			
Hit by object		Jarring			Exposure to	extrer	ne cold/heat	
Hit against object		Prolonged repetitive movement			Exposure to chemicals, dust or gas			
Stepped on object		Prolonged work in one position			Mental Stress			
Caught in/between object		Prolonged vibration			Motor vehicle accident			
Lifting		Long term exposure to noise			Act of aggression by other person			
Pushing		Sudden loud noise			Other (please specify)			
Pulling		Contact with vermin, insects etc			<b>-</b>	•	,,	
SECTION 6 – HAZAI Identified Hazard:  What could be or has	RD DETAILS: been done to elin			utact w	our Suponi	sor im	modiatoly	
If you are the person report. Please take and deliver it to you	a minute to checo ur Supervisor fo	k the form and ma r their signature.	ake sure you	have c	completed it c	correctly	v. Then <b>sign the fo</b>	rm
Should you have any 0 6333 1600.	enquiries regardin	g the completion (	or this form pi	ease co	ontact the Eve	ints <b>W</b>	HS Co-Coordinator	on
Attach a diagram if	necessary:	Atta	ached	YE	S	NO		
_	·							
Your Name:			Your Signature:				Date:	
Supervisor's Name:						Date:		
	You may take a	photocopy of t	his report fo	r your	personal re	ferenc	ce	
NOTE: The complete	tion of this form	is not a claim fo	or Workers (	Compe	ensation.			