

Form 19 – Notifiable Incident Report Form

To be completed by the Responsible Person (or person with authority in their absence) reporting the incident.

Section 1: Type of Incident

	Death
	Serious illness or death
	Dangerous incident

Section 2: Name of injured Person or Damaged Property or Equipment/Machinery or Property Exposed to Risk

Injured person's address (home/work)	
Contact phone no.	
Date of birth	
Occupation	

Section 3: Employer

Employer name	
Employer address	
Employer phone	

Section 4: Worker Status

	Employee
	Volunteer
	Contractor
	Permanent
	Casual
	Temporary
	Full-time
	Part-time
	Clergy/Religious

Section 5: Incident Details

Date of incident
Time of incident
Location where incident occurred
Names of witnesses to incident/hazard
Description of incident/hazard (attach diagram is necessary)

Section 6: Injury/Illness Details

Nature of injury/illness (cut, bruising...)			
Bodily location of injury/illness			
Treatment			
	None		First aid
	Doctor		Ambulance
	Hospital		
Date of report			
Name workplace			
Signature:			

Worksite Design/Layout/Condition

Work Practices/Procedures

Temperature/Weather/Lighting/Noise Levels/Housekeeping/Personal Protective Equipment

Section 7: Risk Identification

Consider all the factors that may have contributed to the incident or hazard.

Work/Patron Behaviour/Experience

Machinery/Equipment/Substances

Training/Instruction/Supervision

Section 8: Risk Assessment

Estimate the probability of the incident/hazard occurring again based on experience & previous incident/hazard data.

	Low
	Medium
	High

What is the severity of the actual or potential injuries or damage to equipment etc.

	Low
	Medium
	High

Section 9: Risk Control

Actions to be taken to eliminate or minimize the risks/contributing factors. Prioritise actions based on level of risk.

Note: The incident site must not be tampered with prior to a WorkCover assessment if required.

Risk Controls	Priority	By Whom	By When
Hazard Elimination/Substitution	Low		
	Medium		
	High		
Engineering/Work Environment	Low		
	Medium		
	High		
Work Practices/Procedure	Low		
	Medium		
	High		
Instruction/Training/Supervision	Low		
	Medium		
	High		

Name _____ Signature _____ Date _____

