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## 1.11A INCIDENT/HAZARD REPORT FORM

<b>Incident Name:</b>	<b>Incident Number:</b> <i>to be completed by supervisor</i>
<b>Date Incident Occurred:</b>	
<b>Report Type:</b> <input type="checkbox"/> Incident <input type="checkbox"/> Injury/ Illness <input type="checkbox"/> Hazard <input type="checkbox"/> Child Helpline Report	

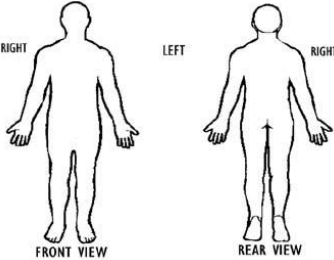
### Section One – Incident Details

<b>Fully name of all people involved</b>	<b>Child File Ref Number:</b>
<b>Child Protection Helpline Ref Number:</b>	
<b>Incident Description:</b> <i>Describe what happened before, during and after the incident (use attachment if required).</i> ..... ..... ..... ..... ..... ..... .....	
<b>Date of Incident:</b>	<b>Time of Incident:</b>
<b>Incident Reported to Supervisor – Date:</b>	<b>Time:</b>
<b>Other Relevant Parties Notified Including Details:</b>  (Example: Carer, Family, Person Responsible, Other Agency)	
<b>Date other party notified:</b>	<b>Time other Party Notified:</b>
<b>Record of attempt to contact other Party (Date and Time):</b>	
<b>Outcome of Contact:</b>	
<b>Date Incident Report Written:</b>	<b>Time Incident Report Written:</b>
<b>Location where Incident occurred:</b>	
<b>Activity being performed at the time:</b>	
<b>Reported by:</b>	<b>Signature:</b>

### Section Two – Category and Consequence

<b>Incident Category – Primary</b> <i>Select one only</i>	<input type="checkbox"/> Child Protection Helpline Report <input type="checkbox"/> Medication Incident – Staff related <input type="checkbox"/> Participant Challenging Behaviour <input type="checkbox"/> Money Missing/Taken <input type="checkbox"/> Participant Injury <input type="checkbox"/> Property Damage/Loss <input type="checkbox"/> Participant Missing <input type="checkbox"/> Public/Neighbour/3 <sup>rd</sup> Party <input type="checkbox"/> Participant Wellbeing <input type="checkbox"/> Reportable Incident - Disabilities <input type="checkbox"/> Emergency Services/Security Call <input type="checkbox"/> Service Vehicle Related Damage <input type="checkbox"/> Hazard/Safety Concern/Near Miss <input type="checkbox"/> WHS – Staff Injury <input type="checkbox"/> Medication Incident – Other than Staff related
<b>Incident Category – Secondary</b> <i>Select one only</i>	<input type="checkbox"/> Child Protection Helpline Report <input type="checkbox"/> Medication Incident – Staff related <input type="checkbox"/> Participant Challenging Behaviour <input type="checkbox"/> Money Missing/Taken <input type="checkbox"/> Participant Injury <input type="checkbox"/> Property Damage/Loss <input type="checkbox"/> Participant Missing <input type="checkbox"/> Public/Neighbour/3 <sup>rd</sup> Party <input type="checkbox"/> Participant Wellbeing <input type="checkbox"/> Reportable Incident - Disabilities <input type="checkbox"/> Emergency Services/Security Call <input type="checkbox"/> Service Vehicle Related Damage <input type="checkbox"/> Hazard/Safety Concern/Near Miss <input type="checkbox"/> WHS – Staff Injury <input type="checkbox"/> Medication Incident – Other than Staff related

**Section Three – Injury Details – Worker/Participant/Contractor/Volunteer/Visitor** *(only complete if a person is injured)*

<b>Relationship of person to the organisation:</b>		
<b>Full Name:</b>	<b>DOB:</b>	<b>Age:</b>
<b>Address:</b>		
<b>Phone Number:</b>	<b>Gender:</b>	
<b>If Worker Position Title:</b>		
<b>Supervisor:</b>		
<b>Nature of Injury:</b> <i>(Broken Bone/Burn/Bruise/Dizziness/Headache/Illness/Needle stick injury)</i> ..... .....		
<b>Please indicate on diagram the part of the body affected and describe what part of the body has been injured:</b> ..... .....		
		
<b>Cause of Injury:</b> ..... .....		
<b>Details of action taken (first aid, medications)</b> ..... .....		
<b>Did Emergency Services Attend? If YES provide details</b> ..... .....		
<b>First Aid Attendant:</b>		
<b>Follow Up/Additional Notes</b>		

**Section Four – Hazard Report** *(please complete an Individual Risk Assessment)*

<b>What is the hazard:</b>		
<b>Recommended Action/s:</b>		
<b>Immediate or temporary action taken:</b>		
<b>Has an Individual Risk Assessment been completed: Y/N</b>		
<b>Reported by:</b>	<b>Signature:</b>	<b>Date Reported:</b>

**Participant Representative/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Worker/Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-ordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**

Action	Name	Date
Date received		
Copy to Provider/Support Worker Y/N		
Copy to Participant Rep./Guardian/Carer Y/N		
NDIS Notified Y/N		
Filed Y/N		
Supervisor Signature		