



INCIDENT/ACCIDENT DETAILS

Reference Number:

Name of Person Involved:

Home Telephone No. Work Telephone No.

Address:

.....

Date: Date of Incident: Time of Incident:

Was someone injured by the incident? Unknown No Yes
(If yes please fill out details on page 3)

If injury occurred did an ambulance and or Doctor attend. Yes No
Please tick the appropriate box.

Approximate age of person:

Place/Location where incident occurred,
highlight on attached map:

.....

Witnesses to incident: (name & contact numbers and address)

1.

.....

2.

Description of incident (Give details of the type of injury, or damage, etc.):

.....

Please complete witness statements/interviews sheets where applicable and attach them to this completed investigation report.

INVESTIGATION FORM

Reference Number:

Officer Investigating: Date:

Has a workers compensation claim been made? Yes No

Has a Liability Insurance claim been made? Yes No

Comments, observations and recommendations:

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.....

Signed:

Risk Management Officer..... Date:

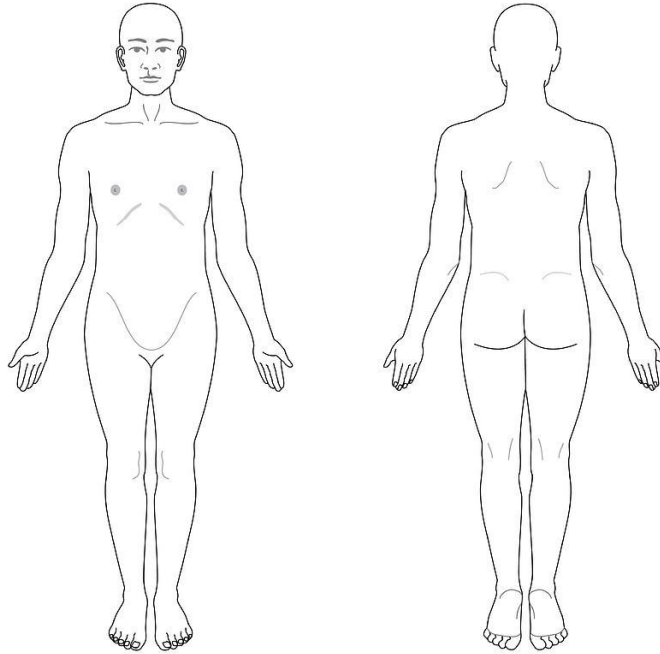
Details of injury:

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> FRACTURE | <input type="checkbox"/> BURNS / SCALD | <input type="checkbox"/> HEAD |
| <input type="checkbox"/> SPRAIN | <input type="checkbox"/> FIT/SEIZURE | <input type="checkbox"/> ARM |
| <input type="checkbox"/> BRUISES | <input type="checkbox"/> CONCUSSION | <input type="checkbox"/> TRUNK |
| <input type="checkbox"/> CUTS/LACERATIONS | <input type="checkbox"/> HAND | <input type="checkbox"/> HIP |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> LEGS | <input type="checkbox"/> FEET |

TREATMENT DETAILS: _____

TRANSPORT REQUIRED: TAKEN TO: _____

BY WHOM: _____



GENERAL STATEMENT/INTERVIEW FORM

Reference Number:

Name of Person: Tel. No.

Address:

.....

Council Employee? No Yes If Yes – Position Title:

STATEMENT DETAILS (including comments, recommendations or observations):

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.....

Signature:

Date:

PROCEDURE

Incident reporting and investigation is fundamental to effective claims management and for follow up preventative action.

Objectives:

- To ensure that all incidents, including near misses and accidents, are reported and recorded.
- To ensure that all incidents that may result in a Workers' Compensation claim, or Public Liability claim, and Near Misses that have a potential to cause serious injury, are fully investigated.
- **Ensure that all incidents are immediately investigated by the Departmental Manager, Supervisor or first person to arrive on the scene.**

Aims:

- To identify potential high risk or hazardous assets or situations in order to carry out maintenance or mitigation of the risk or hazard.
- To establish a documented history of an incident so as to put in place a formal process of proactive Risk Management Principles and Practices,
- To create a formal documented history for defence against Public Liability Claims.
- To highlight health and safety exposures and enable follow-up preventative action in order to eliminate any potential for serious injury.
- To establish a history for workers' compensation claims, without detriment to both the individual and the company.

Process:

- The "Incidents Record Sheet" should be conveniently located in each work area to encourage full incident reporting and recording.
- Supervisors should immediately follow up all incidents by obtaining full details from any individual involved or any witnesses.
- Training in investigation techniques to help determine underlying causes of incidents should be considered.
- Ensure that all data/statistics associated with incident reports and recordings are formally and thoroughly reviewed regularly by management.

Definitions:

- **Incident** – an accident or near miss
- **Accident** – an event that has caused injury or loss to an individual
- **Near Miss** – an unplanned event that has occurred that has potential to result in injury or loss to an individual.

A copy of this form cannot be given to a third party without written permission from the General Manager for Kentish Council or Kentish Council's insurance provider, Civic Mutual Plus (CMP) 03 98603594.

NOTE:

Complete all PAGES AND SECTIONS of the Report, if sections areas not applicable put n/a or cross out.

The "Incident Report Reference Number" will be the date of the incident followed by a letter of the alphabet, example if this is the 3 incident and occurred on the same day (12/10/2004) as the other two, it would look like eg: 12102004C. File by name of Person Involved.

Please highlight on map where incident occurred: (a detailed map of the area can be obtained from the Council office).