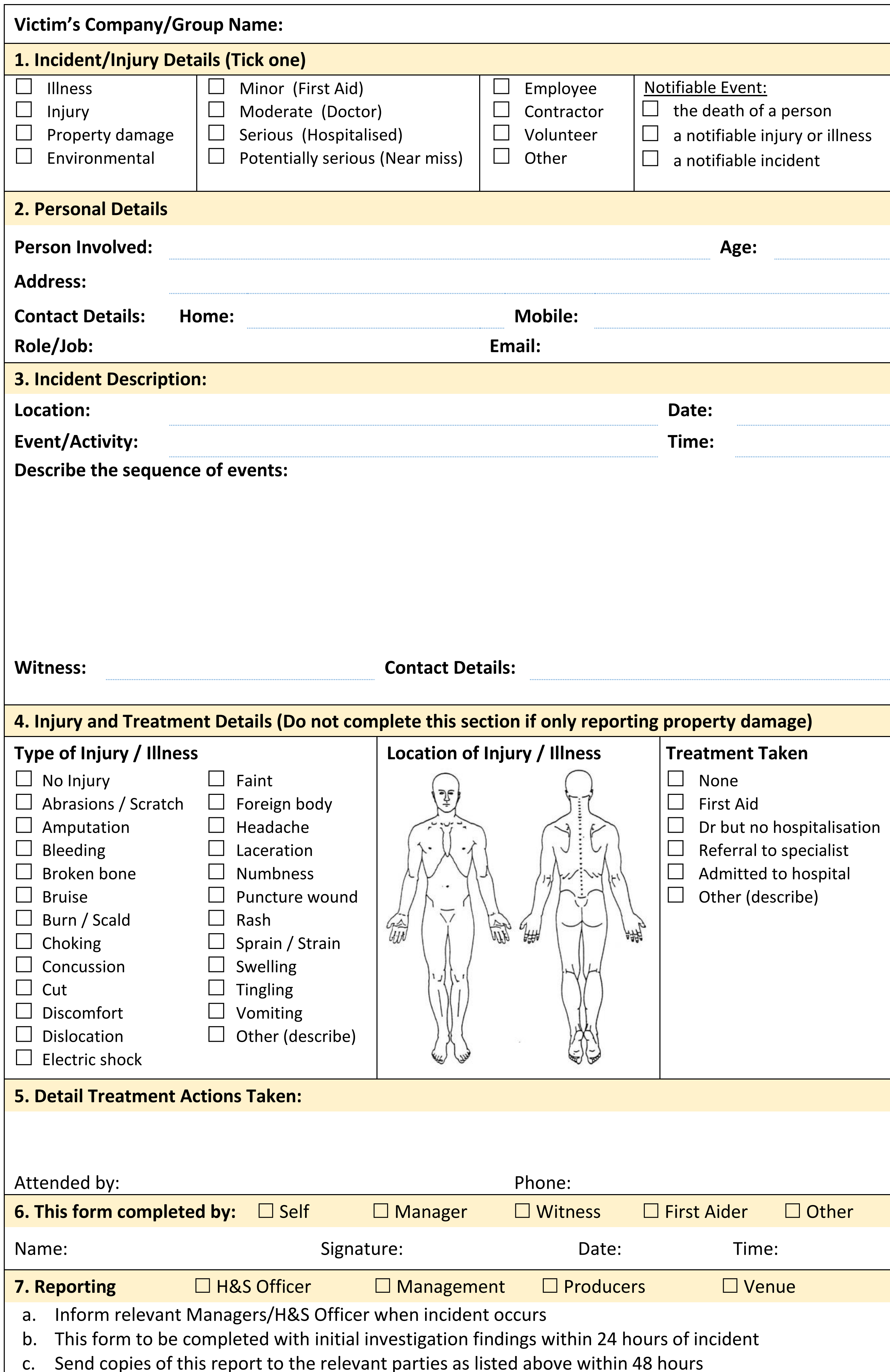
Incident/Accident Reporting Form

G&T PRODUCTIONS



Victim's Company/Group Name:

1. Incident/Injury Details (Tick one)

☐ Illness	☐ Minor (First Aid)	☐ Employee	Notifiable Event:
☐ Injury	☐ Moderate (Doctor)	☐ Contractor	☐ the death of a person
☐ Property damage	☐ Serious (Hospitalised)	☐ Volunteer	☐ a notifiable injury or illness
☐ Environmental	☐ Potentially serious (Near miss)	☐ Other	☐ a notifiable incident

2. Personal Details

Person Involved: **Age:**

Address:

Contact Details: **Home:** **Mobile:**

Role/Job: **Email:**

3. Incident Description:

Location: **Date:**

Event/Activity: **Time:**

Describe the sequence of events:

Witness: **Contact Details:**

4. Injury and Treatment Details (Do not complete this section if only reporting property damage)

Type of Injury / Illness		Location of Injury / Illness	Treatment Taken
☐ No Injury	☐ Faint		☐ None
☐ Abrasions / Scratch	☐ Foreign body		☐ First Aid
☐ Amputation	☐ Headache		☐ Dr but no hospitalisation
☐ Bleeding	☐ Laceration		☐ Referral to specialist
☐ Broken bone	☐ Numbness		☐ Admitted to hospital
☐ Bruise	☐ Puncture wound		☐ Other (describe)
☐ Burn / Scald	☐ Rash		
☐ Choking	☐ Sprain / Strain		
☐ Concussion	☐ Swelling		
☐ Cut	☐ Tingling		
☐ Discomfort	☐ Vomiting		
☐ Dislocation	☐ Other (describe)		
☐ Electric shock			

5. Detail Treatment Actions Taken:

Attended by: Phone:

6. This form completed by: ☐ Self ☐ Manager ☐ Witness ☐ First Aider ☐ Other

Name: Signature: Date: Time:

7. Reporting ☐ H&S Officer ☐ Management ☐ Producers ☐ Venue

a. Inform relevant Managers/H&S Officer when incident occurs
b. This form to be completed with initial investigation findings within 24 hours of incident
c. Send copies of this report to the relevant parties as listed above within 48 hours

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All incidents are to be investigated. The level of investigation will depend on the severity of the incident. There is no requirement to investigate minor property damage. All other property damage to be investigated.

8. Investigation Details (Fill out for all incidents/injuries)

Describe the events and factors that caused the accident/incident:

☐ Tick this box if agree to the description above, otherwise write your own description.

Investigation by:

Start Date: End Date:

9. Corrective Action Details (Fill out for all incidents/injuries)

Describe what needs to be actioned to fix the situation:

☐ Tick this box if no action required

Who needs to be involved?

Action plan assigned to:

Date action due: Date Action Complete:

10. Hazards Identified

Please list the hazards and risks identified from the investigation.

11 Sign Off after Completion of Corrective Actions

Name: Signature: Date: