



ACCIDENT / INCIDENT REPORT

Last reviewed: October 2012

Date / /

IMPORTANT – PLEASE READ

ALL ACCIDENTS/ INCIDENTS MUST BE REPORTED

- Please PRINT or TYPE all details. If there is insufficient space please attach additional information, sketches etc.
- This report must be completed, **signed** and faxed to (07) 5477 1011 within **24 hours** of an accident / incident or near miss occurring or be scanned and emailed to quotes@statewidebitumen.com
- Forward the **original** to Statewide Bitumen, Unit 6-193 Morayfield Rd, Morayfield 4506, Australia.

Details of injured person are to be completed by person/ first aid officer/ witness

Job /Site: First Name: Last Name:

Residential Address:

Is person: Staff Student Visitor Gender: Male Female

Staff/ Student No: Date of Birth: Position:

School/ Section: Telephone: Home Work

Supervisor: Employment Status: Full Time Part Time Casual

Date Occurred: Time Occurred: am/pm Location:

Nature of Accident/ Incident or Injury (eg laceration, sprain, near miss, vehicle accident):

Area of Damage/ Part of Body Injured (eg none, right leg, crumpled car bumper):

State exactly how accident/ incident occurred:

Returned to Work	
Yes	No

First Aid Only	
Yes	No

Attended Doctor	
Yes	No

Attended Hospital	
Yes	No

If No - Date Stopped

Name of Officer

Name of Doctor

Name of Hospital

Details of Treatment (eg ice applied):
 (Should the illness/ injury worsen please forward an updated Accident/ Incident Report Form)

Witness/s: Name
 Address
 Phone No

Details of Hazards:

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 Person Completing Report (print name) Signature Date