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Example content:

Company Name				
Address				
[REDACTED]				
Time of Incident				
[REDACTED]				
Incident/Injury Reported By:			Incident/Injury Report To:	
Event Type <small>(CIRCLE EVENT TYPE)</small>	Hazard	Near Miss	Incident	Injury
[REDACTED]	Name			
[REDACTED]	DOB			
	Employee F/T P/T Casual	[REDACTED]	[REDACTED]	[REDACTED]
Description of incident or hazard:				
For Injuries Only:				
Treatment required <small>(CIRCLE TREATMENT REQUIRED)</small>	None	First Aid	Medical	Hospital
Details of First Aider/ Doctor/ Hospital				
Additional information/comments:				
Signature:		Date:		

OHS Hazard or Incident Injury Reports to be retained on OHS file on site