

BUSINESS SAVVY OHS POLICIES

Incident and Injury Report

Issue date: 14 May 2008

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Example content:

Company Name				
Address				
[REDACTED]				
[REDACTED]				
Location of incident				
[REDACTED]		[REDACTED]		
Event Type <small>(CIRCLE EVENT TYPE)</small>	Incident	Near Miss	Injury	
Details of person involved or injured	Name			
	DOB			
	[REDACTED]	[REDACTED]	[REDACTED]	
Description of incident:				
[REDACTED]				
[REDACTED] <small>(CIRCLE TREATMENT REQUIRED)</small>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Details of First Aider/ Doctor/ Hospital				
Additional information/comments:				
[REDACTED]				
Signature:		Date:		

OHS Incident Injury Reports to be retained on OHS file on site
 OHS Incident Reports to be reviewed by OHS Rep or Committee
 Enter report on: www.businesssavvy.com.au using your client logon.