

<input type="checkbox"/> Hazard - a work practice, work condition, operational procedure or piece of equipment that has the potential to cause an injury and/or damage	Incident Type	
	<input type="checkbox"/> Near Miss	<input type="checkbox"/> Security
	<input type="checkbox"/> Injury	<input type="checkbox"/> Vehicle
	<input type="checkbox"/> Environment	<input type="checkbox"/> Early Intervention
	<input type="checkbox"/> Equipment Damage	<input type="checkbox"/> Other

Report details		
Name of Skillset person reporting	Name:	
Name of Skillset persons involved	Names:	
Date & time - report ___/___/___ Time: _____	Associate/Employee ID of any involved person/s	Branch
Date & time - injury ___/___/___ Time: _____		

Hazard/incident details		
Nature of Injury <input type="checkbox"/> 01 Fractures (excluding of vertebral column) <input type="checkbox"/> 02 Fracture of vertebral column with or without mention of spinal cord lesion <input type="checkbox"/> 03 Dislocations <input type="checkbox"/> 04 Sprains and strains of joints and adjacent muscles (include acute trauma sprains and strains only) <input type="checkbox"/> 05 Intracranial injury, including concussion <input type="checkbox"/> 06 Internal injury of chest abdomen and pelvis <input type="checkbox"/> 07 Traumatic amputation, including enucleation of eye (loss of eyeball) <input type="checkbox"/> 08 Open wound not involving traumatic amputation <input type="checkbox"/> 09 Superficial injury <input type="checkbox"/> 10 Contusion with intact skin surface and crushing injury, excluding those with fracture <input type="checkbox"/> 11 Foreign body on external eye, in ear or nose or in respiratory, digestive or reproductive systems (include choking) <input type="checkbox"/> 12 Burns <input type="checkbox"/> 13 Injuries to nerves and spinal cord without evidence of spinal bone injury <input type="checkbox"/> 14 Poisoning and toxic effects of substances <input type="checkbox"/> 15 Effects of weather, exposure, air pressure and other external causes not elsewhere classified (includes bends, drowning, electrocution) <input type="checkbox"/> 16 Multiple injuries (only to be used where no principal injury can be identified) <input type="checkbox"/> 17 Damage to artificial aids <input type="checkbox"/> 19 Other and unspecified injuries <input type="checkbox"/> 21 Deafness	Bodily Location <input type="checkbox"/> 01 Eye <input type="checkbox"/> 02 Ear <input type="checkbox"/> 03 Face <input type="checkbox"/> 04 Head (other than eye, ear or face) <input type="checkbox"/> 05 Neck <input type="checkbox"/> 06 Back <input type="checkbox"/> 07 Trunk (other than back and excluding internal organs) <input type="checkbox"/> 08 Shoulders and arms <input type="checkbox"/> 09 Hands and fingers <input type="checkbox"/> 10 Hips and legs <input type="checkbox"/> 11 Feet and toes <input type="checkbox"/> 12 Internal organs (located in trunk) <input type="checkbox"/> 98 Multiple locations (more than one of the above)	
	Host's Name _____ In which part of the workplace did the incident occur? _____	

Details of the hazard/incident	What was the person doing at the time?	
	What happened unexpectedly?	
	How exactly was the injury or disease sustained?	

Brief description of incident (including injury details and treatment). <i>Write over the page if more space required.</i>	
List immediate and temporary controls: (e.g. First aid provided, equipment tagged Out-of-Service, toolbox to be conducted, retraining, employee/equipment assessed and safe to return to work)	
Names of witnesses	

Completed form must be sent to: saftey@skillset.com.au or entered into MyOsh