



# Injury or illness investigation form

PRODUCTION TITLE \_\_\_\_\_

PRODUCTION DATES \_\_\_\_\_

LOCATION \_\_\_\_\_

PRODUCTION DEPARTMENT \_\_\_\_\_

## Details of the injury or illness



DATE OF INCIDENT: \_\_\_\_\_ DATE REPORTED: \_\_\_\_\_

TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

## The injured or ill person



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

## Type of injury or illness



BRUISING

DISLOCATION

SPRAIN / STRAIN

SCRATCH / ABRASION

INTERNAL

FRACTURE

AMPUTATION

FOREIGN BODY

LACERATION / CUT

BURN / SCALD

CHEMICAL REACTION

OTHER -SPECIFY: \_\_\_\_\_

BODY PART: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Treatment**



TYPE OF TREATMENT: \_\_\_\_\_

NAME OF PERSON GIVING TREATMENT: \_\_\_\_\_

DOCTOR / HOSPITAL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**Was this a notifiable event?**      YES      NO



WAS IT NOTIFIED TO WORKSAFE?      YES      NO      DATE OF NOTIFICATION: \_\_\_\_\_

PERSON WHO NOTIFIED: \_\_\_\_\_

COMMENT: \_\_\_\_\_

\_\_\_\_\_

**The incident**



DESCRIBE WHAT HAPPENED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT CAUSED THE INCIDENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW SERIOUS COULD IT HAVE BEEN?      MINOR      SERIOUS      VERY SERIOUS

HOW OFTEN IS IT LIKELY TO HAPPEN AGAIN?      NOT OFTEN      OCCASIONALLY      OFTEN

\_\_\_\_\_



**Prevention**



HOW WILL YOU STOP ANOTHER INCIDENT LIKE THIS HAPPENING?

ACTION	WHEN	WHO	TICK

**Further comment**



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