

t: 1300 793 994 f: 03 9820 0836

e: enquiries@bellpeople.com.au w: www.bellpeople.com.au

FORM – INCIDENT MANAGEMENT

Purpose

When an incident occurs, record what happened, what investigation occurred and what was done to prevent future injury or illness to this incident or accident.

What should happen?

A copy of Bell People's incident report form should be sent to the host employer for their record.





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Details of incident (eg to a worker or visitor) and treatment					
Date of incident					
Time of incident	□ am □ pm				
Nature of incident	☐ Near miss ☐ First aid ☐ Medical treatment/doctor				
Name of injured person					
Address					
Occupation					
Date of birth					
Telephone					
Employer					
Activity in which the person was engaged at the time of injury					
Exact site location where injury occurred					
Nature of injury – eg psychological, fracture, burn, sprain, foreign body in eye					





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Body location of injury (indicate location of injury on the diagram)	FRONT VIEW REAR VIEW	Б				
Treatment given on site		Name of treating person				
Referral for further		WorkCover medical	Attach copies			
treatment?		certificate received?				
Yes No No	Name of doctor or hospital	Yes No No				
Injury management		Name of return to work				
required?	Notify return to work coordinator	Coordinator				
Yes No No						
Witness to incident (each witness may need to provide an account of what happened)						
Witness name		Witness contact				





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Details of incident (eg property, plant or environmental damage)					
Date of incident		Time of incident	am pm		
Location of incident					
Details of damage to					
Equipment or property					
Name of person who		Telephone			
Received the report					
Description of incident					
Immediate response actions (eg barricades,	isolation of power) to	stabilise the situation			
Reported to					
Reported to authorities	Provide details (when	, reported to and repor	ted by):		
Yes No N/A					
Reported to other duty holders e.g. host employer	Provide details (when	, reported to and repor	ted by):		
Yes No N/A					





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Reported to wor	rkers compensation	Provide details (when, rep	ported to and reported by):
insurer?			
Yes No No	 N/A □		
Yes 📋 INO 🗀	N/A 🔲		
Incident Investig	gation		
Factors that con what caused the	ntributed to the incident i.e.		
what caused the	3 incident		
Hazard & Risk C	ontrolled Measures		
Completed by			
Name		Position	
Signature		Date	

