

## FORM – INCIDENT MANAGEMENT

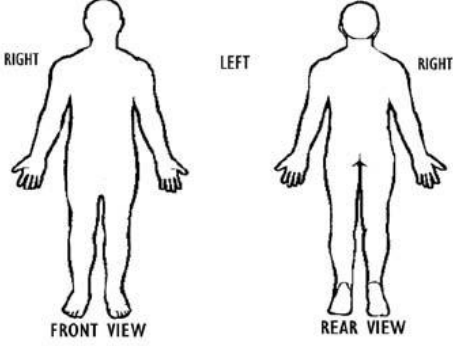
### Purpose

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.

Details of incident (eg to a worker or visitor) and treatment	
Date of incident	
Time of incident	<input type="checkbox"/> am <input type="checkbox"/> pm
Nature of incident	<input type="checkbox"/> Near miss <input type="checkbox"/> First aid <input type="checkbox"/> 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	

<p>Body location of injury (indicate location of injury on the diagram)</p>	 <p>The diagram shows two human figures. The left figure is a 'FRONT VIEW' with 'RIGHT' and 'LEFT' labels. The right figure is a 'REAR VIEW' with 'LEFT' and 'RIGHT' labels.</p>		
<p>Treatment given on site</p>		<p>Name of treating person</p>	
<p>Referral for further treatment?  Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Name of doctor or hospital</p>	<p>WorkCover medical certificate received?  Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Attach copies</p>
<p>Injury management required?  Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Notify return to work coordinator</p>	<p>Name of return to work Coordinator</p>	
<p><b>Witness to incident (each witness may need to provide an account of what happened)</b></p>			
<p>Witness name</p>		<p>Witness contact</p>	



<p>Reported to workers compensation insurer?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>Provide details (when, reported to and reported by):</p>
<p><b>Incident Investigation</b></p>	
<p>Factors that contributed to the incident i.e. what caused the incident</p>	
<p>Hazard &amp; Risk Controlled Measures</p>	

<p><b>Completed by</b></p>			
<p>Name</p>		<p>Position</p>	
<p>Signature</p>		<p>Date</p>	