Accident and Incident report form

EVENT TYPE (circle one)

☐General Works Event ☐Dangerous Event ☐Serious Electrical Incident

☐Dangerous Electrical Event

INCIDENT OUTCOME

Work Injury ☐Serious Bodily Injury ☐ Work Caused Illness

Was injury/illness fatal?	☐Yes	☐No
If an electrical incident, has the electrical entity been notified?	☐Yes	☐No
Did injury lead to a Work Cover claim?	☐Yes	☐No
Did this injury result in loss of work?	☐Yes	☐No

If Yes, please specify how long_____

INCIDENT DETAILS

Description_____

_____

Date:____/____/_____Time(24Hour)_____:_____

Incident workplace address: _____

Incident location: _____

INJURED PERSON'S DETAILS

Name _____Surname _____

Residential address_____

_____

Contact No._____

DOB___/_____/_____ ☐Male ☐Female

EMPLOYMENT DETAILS

Full time ☐ Casual ☐Contractor ☐Other

Employment Type

Stallholder/Owner ☐Contractor ☐Student ☐Employee of stallholder

Visitor to market ☐Other

First Aid Provided by_____Signature_____

Person attending accident/incident_____

EMPLOYER/contractor DETAILS _____

_____

ABN: _____ Contact No: _____

If accident/incident occurred at a site other than market site, please provide location

_____

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adelaide hills farmers market

INJURY DETAILS

Nature of Injury/Illness

- ☐Fracture
- ☐Sprain & Strain
- ☐Burns
- ☐Amputation
- ☐Bruising
- ☐Decompression Illness
- ☐Medical Condition
- ☐Ingestion of substance
- ☐Concussion
- ☐Electric shock
- ☐Acoustic trauma
- ☐Other driving injury
- ☐Abrasions
- ☐Inhalation of substance
- ☐Back Injury
- ☐Psychological
- ☐Crush injuries/internal
- ☐Penetration by object
- ☐Chemical burn
- ☐Splash in eye
- ☐Cuts, scratches, bites
- ☐Other_____

Describe Bodily location of injury / illness_____

_____

Medical Treatment

☐Nil ☐CPR performed ☐Hospital admitted ☐First Aid

☐Doctor only ☐No medical treatment ☐Hospital- observation

Provide Hospital Details_____

_____

Mechanism of injury/illness

- ☐Falls, trips & slips
- ☐Body stressing
- ☐Hitting objects with part of the body
- ☐Violence
- ☐Being hit by moving objects
- ☐Sound & pressure
- ☐Mental stress
- ☐Chemical & other substances
- ☐Heat radiation and electricity
- ☐Other_____
- ☐Biological factors

Describe what happened

_____

_____

_____

_____

_____

NOTIFIER DETAILS

Please enter the name, telephone number & email address of the person filling out this form.

Name_____ Contact No_____

Email Address_____