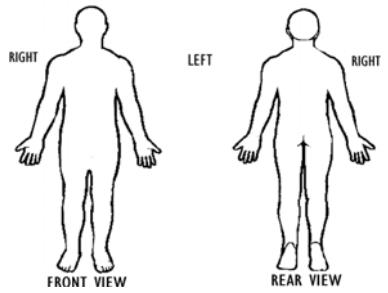
GTES apprentice&employmentspecialists

INCIDENT AND INJURY REPORT

Please email completed form to:
operations@gtes.com.au
Phone: 1300 881 279 Fax: 02 6921 8616

Details of incident/injury and treatment (as applicable)			
Date of incident / injury		Time of incident / injury	am ☐ pm ☐
Name of person		Date of birth	
Address		Telephone	
Occupation		Host Employer	
Activity in which the person was engaged at the time of incident / injury			
Exact site location where incident / injury occurred			
Nature of injury – eg fracture, burn, sprain, foreign body in eye (if applicable)			
Details of damage to equipment or property			
Body location of injury (indicate location of injury on the diagram)			
Treatment given on site		Name of treating person	
Referral for further treatment?	☐ Yes Name of doctor or hospital: ☐ No	WorkCover / WorkSafe Medical certificate received?	☐ Yes - Attach copies ☐ No
Reported to GTES	☐ Yes – When and whom? ☐ No	Reported to supervisor	☐ Yes – When and whom? ☐ No

Witness to incident/injury (each witness may need to provide an account of what happened)			
Witness name		Witness contact	
Witness name		Witness contact	

Investigation

Cause of incident or injury (what contributed to the incident/injury occurring)

Preventative actions (what can be done to prevent this incident/injury occurring again? Who will do it and when will it be done?)

Completed by			
Name		Position	
Signature		Date	