



INCIDENT REPORT AND INVESTIGATION FORM

Incident No.

Katherine Town Council

PLEASE NOTE: It is the Responsible Supervisor's duty to ensure that this form is completed and that it is submitted to within 24 hours to Administration Manager.

Incident Type	<input type="checkbox"/> Injury <input type="checkbox"/> Property Damage <input type="checkbox"/> Near Miss <input type="checkbox"/> Environmental <input type="checkbox"/> Illness <input type="checkbox"/> Complaint <input type="checkbox"/> Behavioural <input type="checkbox"/> Theft <input type="checkbox"/> Other _____			
Injury Type	<input type="checkbox"/> Lost Time <input type="checkbox"/> Restricted Work <input type="checkbox"/> Medically Treated <input type="checkbox"/> First Aid			
Incident Severity	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Extremely High			
Associated Hazards	<input type="checkbox"/> Electricity <input type="checkbox"/> Manual Handling <input type="checkbox"/> Fall, Slip, Trip <input type="checkbox"/> Plant & Machinery <input type="checkbox"/> Chemicals <input type="checkbox"/> Environment <input type="checkbox"/> Behavioural <input type="checkbox"/> Overhead Powerlines <input type="checkbox"/> Other _____			
Department	<input type="checkbox"/> Depot <input type="checkbox"/> Library <input type="checkbox"/> Waste Management <input type="checkbox"/> Animal Control <input type="checkbox"/> Visitor Information Centre <input type="checkbox"/> Civic Centre <input type="checkbox"/> Councillor			
Details person(s) involved	Person(s) involved:		Location:	
	Date:		Time: AM / PM	
	Witnesses to incident:			
Reporting of Incident	Reported by:		Reported to:	
First Aid	First Aid Required:		Treatment Required:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Brief description of incident and diagram	Was all required PPE worn at time of the incident: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
	Describe the events leading up to the incident as well as the actual incident:			
	<p>(Name Streets, Show Direction of Vehicles, Show distances involved, Show positions of vehicles, pedestrian, equipment, objects, Show road signs, power poles and any other items of significance)</p> <p>Declaration by person reporting – signature: _____</p>			
Immediate Corrective Actions	What actions were taken to immediately control the Hazard/Incident?			

Version: 1.0	Created: December2016	Created by: Tricia Winyard	Authorised by:& Date	Revised:	
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