|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard/Incident/Injury Report Form  *This form must either be ‘wet-signed’ or verified using a digital signature tool such as DocuSign*** | | | | | **C:\Users\natal\OneDrive\Desktop\To upload\Jan20Logo\encore logo transparent 350x125 with tagline.png** | | |
| **PART A: HAZARD/INCIDENT/INJURY REPORT (to be completed by the involved worker or manager)** | | | | | | | |
| Is this a: | Hazard Report | Incident Report | | Injury Report | |  | |
| Workplace Location: | Click or tap here to enter text. | | | | | | |
| Date of Incident:  Click or tap to enter a date. | Date Reported:  Click or tap to enter a date. | | Time of Incident:  Click or tap here to enter text. | | | | |
| Name of person reporting the incident or hazard (print name): | | Click or tap here to enter text. | | | | | |
| Name of person injured (if applicable): | Click or tap here to enter text. | | | | | | |
| Nature of injury (if applicable): | Click or tap here to enter text. | | | | | | |
| Part of body injured (if applicable): | Click or tap here to enter text. | | | | | | |
| Treatment Outcome (if applicable): | Nil Required | First Aid | | Medical Treatment from GP | | Medical Treatment from Auxiliary Health Provider | Hospital |
| Description of the hazard/incident/injury: | Click or tap here to enter text. | | | | | | |
| How did the hazard/incident/injury occur (contributing factors)? | Click or tap here to enter text. | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PART B: CORRECTIVE ACTIONS (to be completed by Encore IT Officer)** | | | | | |
| Is this a Notifiable Incident? | No | Yes | | Date Reported to WHS Authorities:  Click or tap to enter a date. | |
| What needs to happen? (to ensure that similar incidents do not occur in the future or to minimise the risk from the hazard) | Click or tap here to enter text. | | By when?  Click or tap here to enter text. | | Person responsible  Click or tap here to enter text. |
| **PARTC: SIGN OFF (both involved worker and Encore IT)** | | | | | |
| Person Reporting (print name): | Click or tap here to enter text. | | Encore Officer (print name): | | Click or tap here to enter text. |
| Signature: | **Physical or verifiable signature required** | | Signature: | | **Physical or verifiable signature required** |
| Date: | Click or tap to enter a date. | | Date: | | Click or tap to enter a date. |
| Contact Phone Number: | Click or tap here to enter text. | | Contact Phone Number: | | Click or tap here to enter text. |