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| **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. |

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| **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 responsibleClick 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. |