

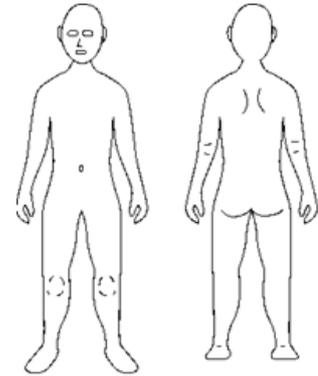
8.13.1 Employee Injury, Accident, Incident and Illness Record

Employee name: _____ Time: _____ Date: _____

Details of accident: _____

Details of injury/trauma:

- Cut Abrasion/scrape Bruise Bite
- Sprain Break/fracture Swelling Burn
- Rash Concussion



(Indicate area on diagram)

Details of action taken including first aid and/or administration of medications _____

Medical advice sought: NO YES details: _____

Treatment: _____

Other comments/witnesses: _____

Staff member signature: _____

Coordinator name and signature: _____

Workcover claim submitted: NO YES

It is essential for the safety and wellbeing of employees that all accidents be accurately documented for future reference. Copies of any Workcover documentation should be attached to this form.

Office of Industrial Relations - Form 3

Incident notification form

https://www.worksafe.qld.gov.au/data/assets/pdf_file/0023/14963/incident-notification-form.pdf

| DATE DEVELOPED | DATE RATIFIED | DATE REVIEWED | DATE RATIFIED |
|-----------------------|----------------------|----------------------|----------------------|
| August 2018 | August 2018 | 23.06.2021 | October 2021 |
| | | 09.04.2024 | April 2024 |
| | | February 2026 | February 2026 |