AUSTRALIAN CLAY TARGET ASSOCIATION INC
INCIDENT REPORT FORM

This form is to be used to report all injuries, illnesses, or near misses, whether an injury occurred or not, and to document the investigation.

Please complete within 24 hours of the incident.

SECTION A: TO BE COMPLETED BY *PERSON INVOLVED*

PERSON INVOLVED

Title	Surname	First Name	Date of Birth

❑ Staff	❑ Volunteer	❑ Member	❑ Visitor/Other

Contact Number	Occupation	Industry

Injured Person's Address

DETAILS OF THE:-

- ❑ **INJURY**
- ❑ **NEAR MISS**
- ❑ **INCIDENT**

(Tick appropriate box)

Date injury/incident/near miss occurred: ____ /_____/_____
Time injury/incident/near miss occurred: _____ **am/pm**

Location where injury/incident occurred

_____
_____
_____

Part of body affected (tick appropriate answers)

Head	Trunk	Internal	Arm	Hand	Leg	Foot
❑ Eye	❑ Neck	❑ Heart	❑ Left	❑ Left	❑ Left	❑ Left
❑ Ear	❑ Hip	❑ Lungs	❑ Right	❑ Ear	❑ Right	❑ Right
❑ Nose	❑ Chest	❑ Systemic	❑ Shoulder	❑ Nose	❑ Knee	❑ Great Toe
❑ Mouth	❑ Stomach		❑ Upper Arm	❑ Mouth	❑ Lower Leg	❑ Other Toes
❑ Teeth	❑ Groin		❑ Elbow	❑ Teeth	❑ Ankle	
❑ Face	❑ Back		❑ Forearm	❑ Face	❑ Thigh	
❑ Skull	❑ Multiple		❑ Wrist	❑ Skull	❑ Upper Leg	

Nature of Injury (tick appropriate answers)

❑ Abrasion	❑ Bite	❑ Hernia	❑ Aggravation of Previous Injury or Medical Condition
❑ Bruise	❑ Heart Attack	❑ Burn	❑ Not Applicable
❑ Fracture	❑ Hearing Loss	❑ Scald	❑ Electric Shock
❑ Concussion	❑ Foreign Body	❑ Rash	
❑ Puncture		❑ Allergy	
❑ Laceration	❑ Minor Cuts	❑ Traumatic Shock	
❑ Amputation	❑ Sprain	❑ Psychosocial	
❑ Aggravation	❑ Strain	❑ Chemical	

Type of Incident which caused Injury (tick appropriate answers)

❑ Striking Against	❑ Stumbling	❑ Bending	❑ Jumping
❑ Struck By	❑ Slipping	❑ Twisting	❑ Motor Vehicle
❑ Caught In	❑ Tripping	❑ Stress	❑ Ingestion
❑ Stepped On	❑ Falling	❑ Pushing	❑ Absorption
❑ Other: Describe	❑ Lifting	❑ Pulling	❑ Inhalation
❑ Not Applicable			

Agency of Injury/Illness/near miss (tick)

❑ Vehicle	❑ Buildings	❑ Mobile Plant	❑ Structures
❑ Power Tools	❑ Furniture	❑ Other Tools	❑ Surfaces
❑ Animal/Insect	❑ Heat Stress	❑ Materials	❑ Sunburn
❑ Biological Agent	❑ Chemicals	❑ Equipment	❑ Stress
❑ Not Applicable			❑ Other

If reporting an incident or near miss, please describe how this occurred:

_____
_____
_____

SECTION B: TO BE COMPLETED BY THE SUPERVISOR & THE PERSON INVOLVED WITHIN 48 HRS

This is an extremely important section as the aim of the incident investigation is to identify preventative action that will avoid recurrence.

Probable cause or causes of Injury / **Incident** (tick appropriate answers)

❑ Inadequate Instruction	❑ Fault of Plant or Equipment	❑ Poor Storage	❑ Weather
❑ Inadequate Workspace	❑ Equipment Unavailable	❑ Poor Access	❑ Terrain
❑ Assistance Unavailable	❑ Lack of Attention	❑ Incorrect Method	❑ Work Practices

Describe how the incident occurred:

_____
_____
_____
_____
_____

PREVENTION OF INCIDENT RECURRENCE
Describe what action is planned or has been taken to **prevent a recurrence** of the incident, based on the key contributing factors

_____
_____
_____
_____

SECTION C:

Signed by supervisor _____

Supervisor's name _____

Signed by person involved _____

Signed by senior manager _____

Date _____