

## Apprenticeships Are Us Incident And Investigation Report

### Details of Person Injured or Involved

First Name

Last Name

First

Last

Occupation

Date of Birth



Contact Number

Date of Event

Time of Event



Host Employer

First

Last

Host Business

Workshop Foreman or Service Manager

First

Last

Please forward all incident reports to Human Resources - Bre Lear by email to  
[blear@apprus.com.au](mailto:blear@apprus.com.au) **within 24 hours of the event.**

### Injury Details

Description of Injury/Medical Condition

Is this an aggravation of a previous Injury or Condition?

Yes

No

Not Known

Location / Address details of where the event/injury occurred:

Location Description

Line 1

Line 2

Suburb:

State:

Postcode:

----- ▼

**Medical Treatment Obtained:**

- First Aid  Hospital\*  Medical Centre\*  
 Nil  Other

**First Aid Treatment Provided By:**

-----

\*Medical Treatment provided by Medical Centre or Hospital: (request a Certificate of Capacity whilst there):

-----

**Outcome for Injured Person:**

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**Time Lost from Work**

Days: Hours:

-----

**Risk Controls**

What action has or will be taken to prevent re-occurrence?

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**Investigative Questions**

Was this HAZARD previously detected?

- Yes  No

If Yes, is it recorded in the HAZARD Register?

- Yes  No

Were there any controls in place to prevent this incident?

- Yes  No

If Yes, what are they?

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Were there any other contributing factors?

- Yes  No

If Yes, what are they?

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**Observations**

Type of Injury:

----- ▼ If Other

Bodily Location of Injury:

Bodymap Other ▼

Side of Injury (Left or Right):

-----

Type of Disease:

----- ▼ If Other

## **Witnesses**

Were there any witnesses?

Yes

No

Contact Name:

## **Information about Personal Protective Equipment (PPE)**

Should PPE have been worn during the task being undertaken at the time of the incident?

Yes

No

Was it available?

Yes

No

Was it being worn/used?

Yes

No

If no, why?

Type of PPE Required:

## **Any other observation/ comments from Supervisor or Manager:**

Host Employer Name:

First

Last

Host Employer Signature:



Workshop Foreman/Supervisor Name:

First

Last

Workshop Foreman/Supervisor Signature:



**Please attach any relevant documentation or photos to be included with your submission.**

Document/Photo 1

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