

Apprenticeships Are Us Incident And Investigation Report

Details of Person Injured or Involved

First Name

First

Last Name

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 **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:

Time Lost from Work

Days:

Hours:

Risk Controls

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

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?

Were there any other contributing factors?

- ☐ Yes ☐ No

If Yes, what are they?

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

Browse...

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