

WITNESSES

Witness 1

Full Name		Contact Number	
Address			

Witness 2

Full Name		Contact Number	
Address			

Witness 3

Full Name		Contact Number	
Address			

INCIDENT/ACCIDENT REPORT OFFICER DETAILS (STAFF ONLY)

Report Officer's Name		Contact Number	
Report Officer's Address			
Report Officer's Position			
Report Officer's Signature		Date	___/___/___

Has a WorkCover claim been made? YES NO

PART 2 - INVESTIGATION (STAFF ONLY)

Incident/Accident Report Officer Investigating

Report Officer Investigating Name	
Report Officer Investigating Signature	

Duties Performed by Injured Party:

<input type="checkbox"/> Lecturer	Class Name	<input type="text"/>	Class Time	<input type="text"/> : <input type="text"/>	Class Location	<input type="text"/>
<input type="checkbox"/> Student	Class Name	<input type="text"/>	Class Time	<input type="text"/> : <input type="text"/>	Class Location	<input type="text"/>
<input type="checkbox"/> Administrator	Department	<input type="text"/>	Position	<input type="text"/>		

When did the Injured Party Commence Employment at Asia Pacific International College ?

Is the task usually performed by the injured party? YES NO

Was the task carried out in accordance with normal instruction? YES NO

Was the injured party trained in the task? YES NO

What written or verbal instructions were given immediately prior to the injured party doing the task?

Was any of the equipment involved defective in anyway?

YES NO

Where there any other factors involved?

YES NO

What action(s) has been taken to ensure similar accidents will not occur?

Date of action(s) Implemented: ____ / ____ / ____

Other comments / recommendations:

Injured Party Name			
Injured Party Signature		Date	____ / ____ / ____
Report Officer Investigating Name			
Report Officer Investigating Signature		Date	____ / ____ / ____