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23 Kent Road Macdonald Park SA 5121

FORM 26 .Incident Report

Doc No: Form 26

Version No: 01

Version Date: 01/23

Date:

Initiator:

Incident Report no.: 1

PART A: To be completed by the **Authorised Notifier**

1. LOCATION & TIME DETAILS OF INCIDENT / ACCIDENT

Report No.

Date of Incident/...../..... Time of Incident Area:

Exact Location of Incident:

Street:

Suburb:

State:

Person Reporting:

Status: Participant worker Visitor Public

Contact Number:

2. DESCRIPTION OF INCIDENT (Attach further information if required)

Give a full description of the incident:

How was the injury or damage sustained?

(e.g. slipped on wet ground)

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3. NATURE OF INCIDENT

Injury – First Aid Treatment Injury–Medical Treatment Injury –Hospitalisation
 Sexual or Physical assault Death Abuse or neglect Restricted Work Waste incident Medication Incident

Other_____ **Immediately report any incident where the yellow box to NDIS Commission is ticked. For more information, read below:**

The following incidents (including allegations) arising must be reported to the NDIS Commission:

- the death of an NDIS participant
- serious injury of an NDIS participant
- abuse or neglect of an NDIS participant
- unlawful sexual or physical contact with, or assault of, an NDIS participant
- sexual misconduct committed against, or in the presence of, an NDIS participant, including grooming of the NDIS participant for sexual activity
- the unauthorised use of a restrictive practice in relation to an NDIS participant

4. INJURY INFORMATION (If more than one add more sheets)

Name: _____ Sex: M F Birth Date ___/___/___ Phone _____

Job Title: _____ Status: Participant worker Visitor Public

Body Part: Eye or Facial Head or Brain Back Shoulders Hip Abdomen
 Arm Neck Leg Hands & Fingers Feet & Toes Other_____

Nature of Injury: Laceration Abrasion Crush Injury Fracture Electric Shock Dehydration
 Bruising Strains/ Sprains Burns Dislocation Amputation Other_____

Caused by:

Full name of first Aider (if applicable):

Description of first aid treatment:

5. PROPERTY DAMAGE (Including environmental impacts)

Description of Damage

6. WITNESSES (Attach copies of witness statements)

Name _____ Contact Phone _____

Name _____ Contact Phone _____

PART B To be completed by Supervisor or safety representative

1. SUPERVISOR

Name		Date Received ___/___/___
Position		Time Received ___:___ am/pm
Phone		Mobile

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2. WHAT FACTORS CONTRIBUTED TO THE INCIDENT (Root cause and contributing factors)? (Mark all that apply, describe most significant factors)

<input type="checkbox"/> Supervision	<input type="checkbox"/> Training & Competence	<input type="checkbox"/> Work Procedures	<input type="checkbox"/> PPE
<input checked="" type="checkbox"/> Other			
Health (natural death)			

3. CORRECTIVE ACTIONS (What has been done to correct the situation? – short term fix)

1	Not applicable		
2	Not applicable		
3	Not applicable		

4. PREVENTION STRATEGY (What actions can be taken to reduce the risk of recurrence? – long term fix)

1	Not applicable		
2	Not applicable		
3	Not applicable		

PART C

1. NOTIFICATIONS

Date Report Received: ___/___/___	Time Received: ___:___ am/pm
Notifiable Incident? <input type="checkbox"/> YES <input type="checkbox"/> NO	Authority Notified:
Date Notified: ___/___/___ Time: ___:___ am/pm	Authority Officer/Record:
Incident Investigated By:	Copy to HR? <input type="checkbox"/> Date ___/___/___

2. INCIDENT CLASSIFICATION

Catastrophic Major Moderate
 Minor Insignificant

3. ACTION PLAN (What systemic actions need to be put in place to prevent a recurrence?)

Specific Action Required	Person / Position Responsible	Target Date

4. DOES THE RISK ASSESSMENT NEED TO BE REVIEWED AS A RESULT OF THIS INCIDENT?

(Risk assessment to be completed in consultation with contractor/s and other parties involved) YES NO

PART D - REVIEW OF THE INCIDENT by Managing Director/ Management Team

Name:		Date
Comment:		