

SAMPLE - INJURY FORM

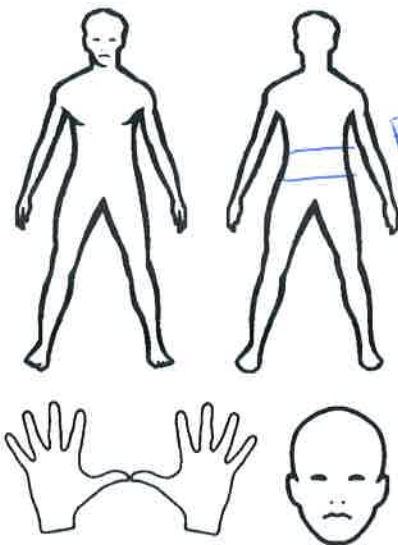
Injury and incident form

COMPANY NAME PURE SERVICES
ADDRESS 59 RANKEILOR ST
SOUTH DUNEDIN
NAME MARY SUNSHINE
ADDRESS 123 ODD RD
SUNNYVALE

INCIDENT TYPE
 NEAR-HIT/NEAR MISS INJURY ILLNESS
DATE OF INCIDENT 4-5-16
TIME OF INCIDENT 2 PM
JOB CLEANING
LENGTH OF TIME EMPLOYED HERE 2 YRS
PHONE 4771 042
DATE OF BIRTH 5-7-84

INJURY DETAILS

Shade the part of the body that is injured



INJURY TYPE (TICK)

- | | |
|--|---|
| <input type="checkbox"/> Aches/pain (gradual) | <input type="checkbox"/> Dermatitis |
| <input type="checkbox"/> Aches/pain (sudden) | <input type="checkbox"/> Dislocation |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Fatal |
| <input type="checkbox"/> Broken bone | <input type="checkbox"/> Foreign body |
| <input type="checkbox"/> Bruising incl. crushing | <input type="checkbox"/> Eye <input type="checkbox"/> Nose <input type="checkbox"/> Ear |
| <input type="checkbox"/> Burn/scald | <input type="checkbox"/> Inhalation disease (asbestos/lead) |
| <input type="checkbox"/> Chemical reaction | <input type="checkbox"/> Hearing loss (noise induced) |
| <input type="checkbox"/> Choking/suffocation | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Concussion/brain injury | <input checked="" type="checkbox"/> Strain/sprain |
| <input type="checkbox"/> Cut (infected) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cut (not infected) | <input type="checkbox"/> Multiple injuries |
| <input type="checkbox"/> Dental injury | |

TREATMENT DETAILS (TICK)

- None First aid Nurse Physiotherapy Doctor Hospital

WHAT HAPPENED?

Technician hurt back while lifting equipment into van

WHAT DO YOU THINK CAUSED OR CONTRIBUTED TO THE INCIDENT?

Technician had limited space to lift machine into van safely
Poor lifting techniques

EMPLOYEE SIGNATURE

M. Sunshine

DATE

4-5-16

Injury and incident investigation form

INFORMATION COLLECTION

Write down what you have found out about the injury/incident

- limited space was available to lift equipment safely
- technician didn't use safe lifting practise
-

ANALYSIS

List factors and hazards that contributed to the incident/injury

- limited space
- heavy equipment
- poor lifting techniques

ACTION

What action needs to be taken to prevent a similar incident/injury happening again?

- shift van if there is not enough space to safely lift equipment into van
- use correct lifting techniques.

IS THIS A SERIOUS HARM INJURY?

Yes No

If yes, report the injury to OSH as soon as possible, and on the prescribed form within seven days.

INVESTIGATION COMPLETED BY (NAME) David Beatty

SIGNED [Signature]

DATE

4/5/16