



Incident report form (make a copy)

What happened: an overview	<ul style="list-style-type: none"> • Provide an overview of what happened. • Nominate the type of notifiable incident—was it death, serious injury or illness, or 'dangerous incident' (as defined above)?
When did it happen?	Date and time
Where did it happen?	<p>Incident address.</p> <p>Details that describe the specific location of the notifiable incident—for example section of the warehouse or the particular piece of equipment that the incident involved—to assist instructions about site disturbance.</p>
What happened?	Detailed description of the notifiable incident.
Who did it happen to?	<p>Injured person's name, date of birth, address and contact number.</p> <ul style="list-style-type: none"> • Injured person's occupation. • Relationship of the injured person to the entity notifying.
How and where are they being treated (if applicable)	<ul style="list-style-type: none"> • Description of serious injury or illness—i.e. nature of injury • Initial treatment of serious injury or illness. • Where the patient has been taken for treatment
Who is the person conducting the business or undertaking (there may be more than one)	<p>Effect Exercise & Rehabilitation PTY LTD</p> <ul style="list-style-type: none"> • 242 Argyle Street, Moss Vale 2577 • Phone: 0491 001 559 • ABN 34 642 768 161 • Contact Person: Jack Menzies
What has/is being done?	Action taken or intended to be taken to prevent recurrence (if any)
Who is notifying SafeWork NSW (if applicable)?	<ul style="list-style-type: none"> • Notifier's name, contact phone number and position at workplace. • Name, phone number and position of person to contact for further information (if different from above).

Date:

Team member:

Signature:



EFFECT EXERCISE

P H Y S I O L O G Y

Director:

Signature:

Date: