WHS FORM 10: INCIDENT AND INJURY REPORT

Details of injury	(eg to	a worker or visi	tor) and t	reatmen	τ			
Date of incident				Time of	incident			am 🗆 pm 🗆
Nature of incide	nt	□ Near miss □ First aid □ Medical treatment/doctor						
Name of injured person								
Address								
Occupation								
Date of birth								
Telephone								
Employer								
Activity in which the person was engaged at the time of injury								
Exact site location where injury occurred								
Nature of injury fracture, burn, s foreign body in	prain,							
Body location of injury (indicate location of injury the diagram)		RIGHT RIGHT RIGHT REAR VIEW						
Treatment given on site				Name of treating person				
Referral for further treatment? Yes 🗆 No 🗆		Name of doctor hospital	or	SafeWork NSW medical certificate received? Yes \(\Brightarrow \text{No} \(\Brightarrow \)		Attach cop	ies	
Injury management requirement? Yes □ No □		Notify return to coordinator	work	Name of return to work coordinator				
Witness to incid	lent (e	ach witness may	need to p	orovide a	n accoun	t of wha	t happened)
Witness name				Witne				
Witness name				Witne	SS st			

Details of incident (eg property, plant or environmental damage)									
Date of incident		Time of incident	am □ pm □						
Location of incident									
Details of damage to equipment or property									
Name of person who received the report		Telephone							
Description of incident									
Immediate response actions (eg barricades, isolation of power) to stabilise the situation									
	,	· · ·							
Reported to									
Reported to principal contractor?	Provide details (when, reported to and reported by):								
Yes □ No □									
Reported to authorities (SafeWork NSW phone: 13 10 50)?	Provide details (when, reported to and reported by):								
Yes □ No □									
Reported to principal contractor?	Provide details (when, reported to and reported by):								
Yes □ No □									
Reported to workers compensation insurer?	Provide details (name of insurer and claim number):								
Yes □ No □									
Completed by									
Name		Position							
Signature		Date							