



HEALTH TRAINING AUSTRALIA INCIDENT REPORT FORM



SECTION A (Details of the person reporting the incident)	
Surname:	First Name:
Address:	Postcode:
Telephone:	Mobile:
Host Employer:	
Address:	
Supervisor Name:	
Trainee Position:	
SECTION B (Details of the incident)	
Did the incident result in: <input type="checkbox"/> near miss/ dangerous occurrence <input type="checkbox"/> injury to trainee	
Date of incident:	Date incident reported:
Time of incident:	Time incident reported:
Incident reported to: (Provide name and position)	
Nature of injury:	
Details of incident: (include details of any equipment and names of persons/ residents involved)	
What First Aid measures were required?	
Action taken or recommended to prevent recurrence:	
Names and addresses of any witnesses:	
SECTION C (Signatures)	
Signature of reporting person:	Date:
Signature of supervisor:	Date:

Form to be faxed within 24 hour to Health Training Australia (08) 9273 3045