Harbour Trust

Australian Government
Sydney Harbour Federation Trust

WHS-FOR-031.1 Incident/Accident Report

Location

Site/Area/Bld:	Date:

Type of incident – Please Tick ***(Refer to WHS-PRO-031 re Type of Incident definitions)***

Near Miss ☐	First Aid Injury ☐	Medical Treatment ☐	Lost Time Injury ☐
Disease ☐	Notifiable Injury/Illness ☐	Notifiable Event ☐	Property Damage ☐
Environmental ☐	Other ☐		

To be completed by WHS Department

Notify Statutory Authority	Yes ☐	No ☐
Workers Compensation initiated	Yes ☐	No ☐

Details of injured person

Name/s					
Residential Address				Male / Female	
Phone		D.O.B		Tick if under 16 ☐	
Staff ☐	Volunteer ☐	Contractor ☐	Sub-Contractor ☐	Visitor ☐	

Details of how incident occurred

Day		Month		Year		Time		am/pm

Brief Description of incident

Immediate Action Taken

Name of reporting person	**Reported to**
Print Name:……	**Name:**……
Relationship: ……	**Position:**……
Signature:……	**Signature:**……
Date ……	**Date** ……

Please email completed and signed document to safety@harbourtrust.gov.au and file for your own records.