## electrogroup

## HSG 06.03 Report / Register of injuries, incidents, and near misses



Details of worker							
Surname			Given name(s)				
Address							
				I	Postcode		
Occupation / Job Title			Male / Female	Date of bi	rth	Age	
			□ M □ F	/ /			
Employer (host) name			Supervisors name				
Address of workplace							
			Postcode				
					ſ		
□ Incident □ Injury □ N	ear Miss Date of i	njury:	/ /	Time of	injury:	am /pm	
Location / department in which	ncident occurred:						
Was the incident witnessed? No	o □ Yes □▶	Name o	f Witness:				
Part/s of body injured – If near n	niss how could you have	heen hu	rt?				
Has this part of your body been	nurt / injured before?	Yes □	No □				
Nature of injury (please tick)	☐ Broken Bone		□ Bruising / Co	ntusion	□ Flectric	al Shock	
			0.			☐ Electrical Shock ☐ Other:	
Eye	l ' l						
Cause of injury / incident – Desc	ribe steps that lead up to	tne incid	ient?				
What where you doing at the tin	ne? Was PPE worn? – Wh	nat exactl	ly did happen?				
Accident Investigation – What co	ould have been done to p	revent it	?				
Results of Investigation – What h	nas or will be put in place	to preve	ent the incident fro	om happening a	gain?		
Details of medical treatment (if a	any) Namo e	of first air	d attendant / doct	or (if any)	Timo los	et (if any)	
Details of medical treatment (ii a	any) Name C	or tirst aid	attendant / doct	or (II ariy)	Time ios	st (if any)	
						Days Hours	
WorkCover compensation form	lodged? No		Yes	Date lodged:		/ /	
This Register entry completed by	1	Da	te				
			/ /		ort is to be f ons without d	orwarded to Westvic Staf elav	
Signature of worker		Sig	nature of employ		5	,	
			. ,				

Approved by: Version no: Controlled copy, uncontrolled when printed

Issue date: Next review date: Page 1 of 1

Reviewed: 15/12/12