locher.

Accident/Incident/Near Miss Form

Locher & Associates Pty Ltd., 80 Richmond Road, Keswick SA 5035
PO Box 1160, Unley SA 5061
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Report form to be completed by employee and forwarded to Locher as soon as practicable after the incident/accident or near miss.

Incident ❑ **Accident ❑** **Near Miss ❑**

PERSONAL DETAILS

Surname: ____________ Given Name: ____________
Sex (M/F): ____________ Date of Birth: ____________
Address: ____________
____________ Post Code: ____________
Phone No. ____________ Date Registered: ____________

CLIENT DETAILS

Client Name: ____________
Address ____________
____________ Post Code: ____________
Phone: ____________ Supervisor: ____________
Date Assignment Started: ____________ Date Registered: ____________
Tasks being performed: ____________
____

DETAILS

Date Occurred: ____________ Time: ____________ am/pm
Date Reported: ____________ Date Stopped Work ____________
Time: ____________ am/pm Date Resumed Work ____________

The incident/accident/near miss happened while:

A Working, usual workplace ❑
B Travelling to or from work ❑
C Authorised break ❑
D Working elsewhere (detail below) ❑
E Other (detail below) ❑

____
Name of Witness: ____________
Nature of Injury: ____________
Body part affected: ____________

Have you ever suffered from a previous or similar injury (please detail) ____________

Where did the incident/accident/near miss occur: ____________

What led you to the incident/accident/near miss: ____________

What caused the incident/accident/near miss: ____________

How do you think this could have been prevented: ____________

Preventative Action Proposed or Taken:

	Proposed	***Taken***		***Proposed***	***Taken***
Change to induction/training	☐	☐	Change to work procedures	☐	☐
Change to ongoing training	☐	☐	Change to work environment	☐	☐
Equipment modifications	☐	☐	Other (Please Detail)	☐	☐

OTHER EMPLOYMENT

Do you have any other employment (please detail) ____________

TREATING DOCTOR

Name: ____________ Address: ____________

____________ Post Code: ____________

DECLARATION

I, ____________

Declare that the information I have provided is correct to the best of my knowledge. I understand that it is an offence to give false or misleading information.

Signature: ____________ Date: ____________

Client Signature: ____________ Date: ____________

Name: ____________ Position: ____________

FOR OFFICE USE ONLY

Incident/Accident Number: ____________ Claim Lodged: ____________

Claim Number: ____________

Rehabilitation Required: ____________ Referred In-House: ____________

CIAP Required/Completed: ____________

Action Taken: ____________

Feedback Provided: ____________ Contact: ____________