

Incident Report: Ball Strike

Incident No:			
Incident Title:			
Location:		Reference Job:	
Incident Date:		Incident Time:	
Member/Visitor/Staff		Reported By:	
Notified To / Manager:		Hours into Shift:	
Date Reported:		Time Reported:	
Please Tick			
<input type="checkbox"/> Injury	<input type="checkbox"/> Vehicle Damage	<input type="checkbox"/> Near Miss	
<input type="checkbox"/> Property/Plant Damage	<input type="checkbox"/> Hazard	<input type="checkbox"/> Report Only	
<input type="checkbox"/> Other: describe			
Detail Description of injury or damage (add additional sheets if reqd.):			
Task being completed at time:			
Immediate Action Taken:			
How was the Injury/Damage Sustained?			
If Injury Occurred:			
Name of injured person:			
<input type="checkbox"/> FAI - First Aid Injury	<input type="checkbox"/> MTI - Medical Treatment Injury	<input type="checkbox"/> LTI - Lost Time	
<input type="checkbox"/> Unclassified-Medical Referral awaiting result.		If MTI or LTI notify Management immediately Ph: 08 8379 1673	
Action taken to prevent reoccurrence (add additional sheets if reqd.):			
Attachments/Photographs/Statements attached:			
Is an Incident Investigation required? <input type="checkbox"/> Yes <input type="checkbox"/> No			