Incident Report Form

Complete this form as soon as possible after any incident or near miss, while details are fresh. If anyone is seriously injured, call 000 first.

1. Incident details

Date of incident

Time of incident

Site / workplace

Exact location

Type of incident

☐ Injury ☐ Illness ☐ Near miss ☐ Dangerous incident ☐ Property or asset damage ☐ Environmental

☐ Security or data breach ☐ Other

Reported by (name and role)

Date and time reported

2. People involved

Name	Worker / contractor / visitor / other	Phone or email	Injured? (Y/N)

Witnesses (names and contact details)

3. What happened

Describe what happened, in order. Stick to facts: what you saw, heard and did.

Task or activity being done at the time

Plant, equipment, vehicles or substances involved

4. Injury or illness (if any)

Nature of injury or illness

Part of body affected

Treatment given

☐ None ☐ First aid ☐ Doctor or medical centre ☐ Hospital (outpatient) ☐ Admitted to hospital

☐ Ambulance called

First aid given by

5. Immediate actions

What was done straight away to make the area safe and stop it happening again?

Area isolated and left undisturbed?

☐ Yes ☐ No ☐ Not needed

6. Is it notifiable to the WHS regulator?

Did the incident involve any of these?

☐ A death ☐ A serious injury or illness ☐ A dangerous incident ☐ None of these

New in the model WHS Act (Dec 2025). Only notifiable once your state or territory adopts them

☐ A violent incident (including sexual assault) ☐ Work-related suicide or attempted suicide

☐ Worker off work 15+ calendar days

Regulator notified (date and time)

Notified by

Regulator reference number

> If you ticked a death, serious injury or illness or dangerous incident: notify your state or territory WHS regulator immediately, do not disturb the site until an inspector arrives or the regulator says otherwise, and keep a record of the incident for at least 5 years.

7. Investigation and corrective actions

Why did it happen? List the causes found, not just the person involved.

Corrective action	Owner	Due date	Done (date)

8. Sign-off

Supervisor name and signature	Date
Manager review (name and signature)	Date

Free template from Skefto (skefto.com). Run incident reporting, investigations and actions in one place.