

Accident/Incident/Near Miss Reporting Form - Part 1

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Reference No	

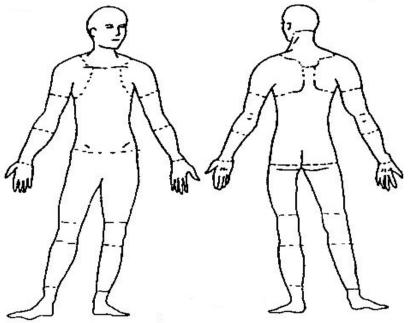
Why Report?

Finding out what caused an accident or near miss is important, because it helps Atlink Ltd and FIG determine how to best prevent a similar one in the future and improve the current safety management system.

To be completed and returned to the Atlink Ltd Duty Manager, within 24hrs of the Incident.

1. Details of Person Reporting the Incident
Full Name:
Employer:
Job Title:
Mobile Number:
Email Address:
Date Reported:
2. Accident/Incident/Near Miss Details
Date of Incident:
Time of Incident:
Location of Incident:
3. Details of incident including the details of equipment directly involved:

4. Details of Injured Parties.								
Name of Injured Person/s:								
Company Employed By:								
Gender:								
Date of Birth:								
Employment Stat	tus: Full Time:			Part Time:		Casual:		
Contact Details:								
Address:								
Point of contact name and telephone:								
Reported As:	First Ai	st Aid Only Lost Tim		Time Injury		Fatality		
FIPASS Induction Undertaken:								
Was appropriate PPE Being Worn:								
Was Medical Assistance called:								
Part of body affected: (shade all that apply)								



Nature of injury: Abrasion, scrapes Amputation Broken bone Bruise Burn (heat) Concussion (to the head) Crushing Injury Cut, laceration, puncture Hernia Illness Sprain, strain Damage to a body system: