



INCIDENT REPORT FORM

Magnetic Island Community Care Association Inc.

Work Health & Safety (WHS) System

Document Type: WHS Form

Version: 1.0

Approved by: Management Committee

Date: _____

1. INCIDENT DETAILS

Date of Incident: _____

Time of Incident: _____

Location: _____

Program / Activity (if applicable): _____

Type of Incident (tick all that apply):

- Injury / Illness
- Near Miss
- Property Damage
- Behavioural Incident
- Vehicle Incident
- Environmental Hazard
- Other (specify): _____

2. PERSON(S) INVOLVED

Name: _____

Role: Member Volunteer Staff Visitor Contractor

Contact Details: _____

Was medical treatment required?

- Yes (details below)
 No

If yes, describe treatment provided:

Was an ambulance called?

- Yes No

3. DESCRIPTION OF INCIDENT

Provide a clear, factual description of what happened.
(Do not include opinions, assumptions, or blame.)

4. INJURY DETAILS (if applicable)

Nature of Injury: _____

Body Part(s) Affected: _____

Immediate Symptoms: _____

5. WITNESSES

Name: _____

Contact: _____

Witness Statement (if provided):

(Add additional witness pages if required.)

6. IMMEDIATE ACTIONS TAKEN

Describe any actions taken at the time of the incident to reduce harm or prevent escalation.

- First aid provided
- Area made safe
- Equipment isolated
- Activity stopped
- Emergency services contacted
- Other (specify): _____

Details of actions taken:

7. PHOTOS / ATTACHMENTS

- Photos attached
- Documents attached
- No attachments

8. FOLLOW-UP ACTIONS REQUIRED

(To be completed by the President / Acting Manager or delegated officer.)

Required Corrective Actions:

Responsible Person: _____

Due Date: _____

Does this incident require entry into the Risk Register?

- Yes No

Does this incident require further investigation?

Yes No

9. REPORT COMPLETED BY

Name: _____

Role: _____

Signature: _____

Date: _____

10. OFFICE USE ONLY — PRESIDENT / ACTING MANAGER

Reviewed by: _____

Date Reviewed: _____

Actions Completed:

Entered into Records Management System:

Yes No

Date: _____