

Insert your company's name or logo.	ISO 45001:2018
	Incident Report

This form must be completed by the person responsible for the injured party (Supervisor/Manager) for each incident in which an injury occurs or an illness is acquired whilst at work. It does not replace and may not be used in addition to Sick Leave or Worker's Compensation Claim Forms, where applicable.

Details of Person involved in Injury/Illness/Incident								
Employee Name:		Contact No:						
Home Address:		Male:						
		Female:						
		Date of Birth:						
Work Details								
Location:		Department:						
Employment or Relationship status to Organisation								
Injured Party:	<input type="checkbox"/> FT Employee <input type="checkbox"/> PT Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor/Client	Position:						
Does the employee work for any other organisation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Visitor/Clients (Area Visited):	<table border="1" style="width: 100%; height: 40px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>							
Injury/Illness/Incident Details								
Date of Injury/illness/incident:		Time of Occurrence:						
Description of Occurrence:								