



**INCIDENT & NEAR MISS – RECORDING AND REPORTING**

Each incident and near miss needs to be recorded and investigated to ensure that the facts are known. This information may be required by Insurers and to communicate issues to other Sheds via AMSA or State bodies to help prevent a reoccurrence.

**INCIDENT FORM:**

<b>MEN'S SHED</b>	<b>Report No.:</b>
<b>Date of Incident:</b>	<b>Time of Incident:</b>

**PART A – WHAT HAPPENED?**

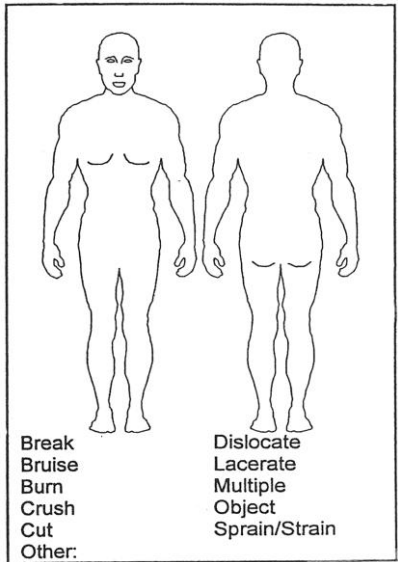
<b>Type of Incident:</b>			
<input type="checkbox"/> Injury		<input type="checkbox"/> No-injury	
<b>If Injury:</b>			
<input type="checkbox"/> First Aid		<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> LTI
<b>If No-Injury was the Incident due to:</b>			
<input type="checkbox"/> Fire	<input type="checkbox"/> Explosion		<input type="checkbox"/> Plant Failure
<input type="checkbox"/> Plant Damage	<input type="checkbox"/> Other (specify)		
<b>Persons Involved:</b>			
a) Person(s) directly involved.	<b>Member / Name</b>	<b>Address</b>	<b>Phone Number</b>
	<b>Non-Member / Name</b>		
<b>Damage to plant or property that occurred/may have occurred:</b>			

**PART B – HOW DID IT HAPPEN?**

Description of Incident: (explain clearly how the incident occurred. This should be brief, in dot point form, providing the facts only and should not contain supposition or hearsay).

Location (attach sketch/map):
Weather Conditions:

**PART C – INJURY REPORT**

Injury Details:		
Was FIRST AID treatment administered?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, Treatment details:		
If YES, By whom:		
Was injured person sent to Doctor/Hospital?	YES <input type="checkbox"/> NO <input type="checkbox"/> (Attach Medical Certificate/Certificate of Capacity)	
If YES, name of Doctor/Hospital:		
If YES, name of person taking injured person to Doctor/Hospital:		
Did the Injured person return to shed to participate? YES <input type="checkbox"/> NO <input type="checkbox"/>		

**PART D – AUTHORITY NOTIFICATION\***

Name of Relevant Authority (Police / Fire / Ambulance):			
Is this a major / serious incident:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If so, has the Authority been notified:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**PART E – AUTHORISATION AND DISTRIBUTION**

Report Prepared by:		
Name:	Signature:	Date:

**DISTRIBUTION OF FORM:** TO AMSA