



GetSet - WHS Incident Report

WHS FM 005

(TO BE COMPLETED BY THE EMPLOYEE AND GETSET REPRESENTATIVE)

This report is the initial notification of a safety incident involving GETSET employees and is not intended to replace the normal safety incident investigation and report procedures.

Date of Incident: _____ Time of Incident: _____

Client: _____

Section Incident Occurred: _____

Date Reported to GetSet: _____ Time Reported to GetSet: _____

GetSet Employee Involved: _____ Supervisor: _____

Nature of Injury: _____ Part of Body Injured: _____
(eg. cut / sprain)

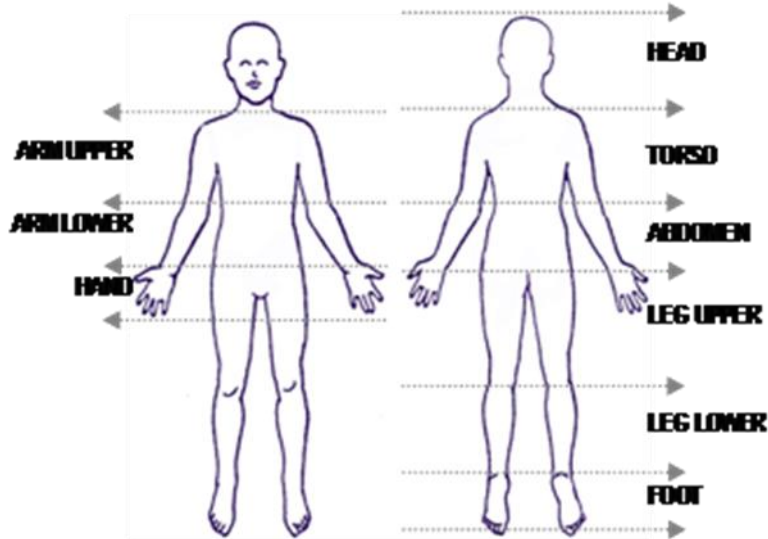
Details of Accident/Incident: (Must include what happened, where, part of body injured, other people present at the time of incident, any external impacting factors, treatment administered, presentation of worker post incident)

Multiple horizontal lines for writing details of the accident/incident.

Status of Injury:

Minor (First Aid onsite)
 Medical Treatment (Attend medical review with GP)
 Medical Treatment (Emergency room at hospital)
 Other

Part of Body Injured: (please circle area on the body diagram below)



Has Work Cover body been notified: Yes No
 Has investigation commenced? Yes No

Investigation Outcomes:

List measures already taken to manage the risk:

List any further recommendations that will control the hazard identified to eliminate/reduce risk:

Who will complete further recommendations listed and date to be completed by:

Employee Name: _____

Employee Signature: _____ Date: _____

GetSet Representative Name: _____

GetSet Representative Signature: _____ Date: _____