

 KIMBERLEY PORTS AUTHORITY <i>Broome Port Services</i>	HAZARD AND INCIDENT REPORTING AND INVESTIGATION PROCEDURES	File ref: IFM35/79028
		Version: 1.0
		Issue date: June 2014

APPENDIX A – INITIAL INCIDENT/INJURY NOTIFICATION

This incident report form is an initial notification and must be completed in consultation with the Shift supervisor and/or a KPA Manager. Depending on the nature of the incident or injury a more comprehensive report and investigation may be required.

Injured Person Details			
Name:		Signature:	
Contact number:		Date:	
Reporting Person Details (if different to injured person)			
Name:		Signature:	
Contact number:		Date:	
Incident Details			
Incident <input type="checkbox"/>	Injury <input type="checkbox"/>	Illness <input type="checkbox"/>	Near Miss <input type="checkbox"/>
Date of occurrence:		Time:	
Name/s of people involved:			
Date incident reported:		Name of person reported to:	
Location of incident (eg vessel, jetty):			
Has Alcohol and Other drug Screening been conducted?			
Activity being undertaken:			
How did the incident/injury happen?			
Witness 1:		Witness 2:	
Details of Injury, Illness or Disease			
Type of injury or disease (eg bruise, cut, sprain):		Part/s and side of the body affected:	
Please specify when you first noticed the symptoms (include activity, date, time etc):			

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Medical treatment: Hospital Doctor First Aid None

Person giving treatment (if known):

Treatment Date: _____ Time: _____

Details of Damage or equipment fault

Vehicle or Equipment ID:

Description of damage (including location)

Has the equipment/vehicle been tagged out or removed from operation?

Initial Incident Review

What were the contributing factors which led to the incident/injury?

What actions have been taken?

Suggestions or comments for improvements?

Details of Shift Supervisor

Name:

Contact number:

Signature: _____ Date: _____

Please forward this form to the Operations Office.

Details of Manager/Operations Office when received

Name:

Contact number:

Signature: _____ Date: _____