

Progressive Training TM

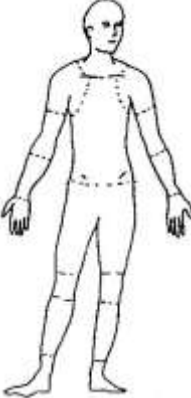
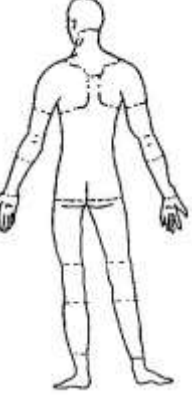
(WA) Pty Ltd

Title:	Injury, Illness & Incident Report	FORM HR 5.06.01
<u>CONFIDENTIAL</u>		
<p>The purpose of this form is to report any injury, illness or incident which occurs on <i>Progressive Training (WA) Pty Ltd</i> premises, or whilst on duty for the organisation. It is to be used in any situation where an injury, illness or incident has occurred – involving employees, participants, visitors, or contractors.</p> <p>Workers' Compensation: The completion of this form does not constitute a claim for workers' compensation for employees injured at work, or with a work-related illness.</p>		
DETAILS OF PERSON INJURED, FALLEN ILL OR INVOLVED IN INCIDENT		
First Name:		Last Name:
Status:	<input type="checkbox"/> Employee <input type="checkbox"/> Participant <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor	
Contact No:		
EVENT DETAILS		
I am reporting an:	<input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Incident	
Date of event:		
Time of event:		
Activity at time of event:	<input type="checkbox"/> On duty <input type="checkbox"/> Meal/Break <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	
Place of event (be specific):		
Names of witnesses (if any):		
Description of events:		
<p>(Describe tasks being performed and list sequence of events. Attach further information if space insufficient, as well as any sketches and photographs, plus information from witnesses if applicable)</p>		

This document is UNCONTROLLED in hard copy – <i>Progressive Training (WA) Pty Ltd</i>			
Prepared by: Admin	Title: Injury, Illness & Incident Report	Issue Date: October 2012	
Reviewed by: Tanja Parry	Code: HR 5.06.01	Last Reviewed: Oct 2020	
ONCE THIS FORM HAS BEEN UPDATED, ENSURE THE LATEST VERSION IS UPLOADED ONTO THE WEBSITE			

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Should PPE have been worn during the task being undertaken at the time of the event?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was it being worn or used?	N/A <input type="checkbox"/>	YES <input type="checkbox"/>
If no, why not?		
INJURY DETAILS (If Applicable)		
Nature or Type	Body Part <i>(Please mark the injured part/s)</i>	Agent of Damage
<input type="checkbox"/> Bruise or crushing <input type="checkbox"/> Burn or scald <input type="checkbox"/> Concussion <input type="checkbox"/> Cut or open wound <input type="checkbox"/> Dislocation <input type="checkbox"/> Foreign body <input type="checkbox"/> Fracture/break <input type="checkbox"/> Heart/circulatory condition <input type="checkbox"/> Poisoning <input type="checkbox"/> Respiratory <input type="checkbox"/> Sprain or strain <input type="checkbox"/> Other (Specify): _____	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> FRONT  </div> <div style="text-align: center;"> BACK  </div> </div> <p style="text-align: center;">Other:</p> <input type="checkbox"/> Teeth <input type="checkbox"/> Brain <input type="checkbox"/> Organ	<input type="checkbox"/> Animal or insect <input type="checkbox"/> Chemical <input type="checkbox"/> Electricity <input type="checkbox"/> Equipment or tool <input type="checkbox"/> Muscular effort <input type="checkbox"/> Needle or sharp <input type="checkbox"/> Noise <input type="checkbox"/> Slip, trip or fall <input type="checkbox"/> Stepping on or striking against object <input type="checkbox"/> Struck by falling or moving object <input type="checkbox"/> Vehicle <input type="checkbox"/> Other (Specify): _____
MEDICAL TREATMENT OBTAINED		
<input type="checkbox"/> Nil	<input type="checkbox"/> First Aid	<input type="checkbox"/> Doctor
<input type="checkbox"/> Hospital (Emergency or Admitted)		
OUTCOME		
Time lost from work:	_____ days, _____ hours.	Not yet returned to work <input type="checkbox"/>
Signature:		Date:
<p>Completed form to be forwarded to the CEO of Progressive Training (WA) Pty Ltd.</p> <ul style="list-style-type: none"> Hand delivered: 8 Grosvenor Close, Woorree, Geraldton WA 6530. Email: ceo@progressivetraining.com.au. Post: PO Box 1854, Geraldton WA 6531. 		

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CEO REPORT			
Comments on the cause and nature of the event:			
Type of Corrective Action	Action Taken	Date Completed	
Changes to work environment:			
Modifications or repairs to machinery, equipment or tools:			
Changes to work practices/job design:			
Personal protective equipment (additional or changes):			
Additional training:			
Any further comments: <i>(E.g. additional resources or assistance required to implement the corrective actions)</i>			
CEO Name: <i>(Please Print Full Name)</i>			
CEO Signature:		Date:	