

Incident Report Form

This Incident Report Form should be completed in relation to all Incidents. The purpose of the form and subsequent investigation is to identify facts and adjust our management systems to prevent a recurrence. It is not necessary or productive to place blame. Please complete the Incident Report Form below and we will respond to you as soon as practicable.

Please provide your details below:

If you wish to make a confidential or anonymous complaint, simply leave your name and contact details off the form.

1. Persons involved in the Incident

Incident Manager Name:	
Phone:	Date:
Email Address:	
I am a: Participant <input type="checkbox"/>	Carer <input type="checkbox"/>
Family Member <input type="checkbox"/>	Staff Member <input type="checkbox"/>
Advocate <input type="checkbox"/>	Other <input type="checkbox"/>

Person/s Involved in the Incident:	
Date:	
Phone:	Date:
Email Address:	
I am a: Participant <input type="checkbox"/>	Carer <input type="checkbox"/>
Family Member <input type="checkbox"/>	Staff Member <input type="checkbox"/>
Advocate <input type="checkbox"/>	Other <input type="checkbox"/>

Person/s Involved in the Incident:	
Phone:	Date:
Email Address:	Address:
I am a: Participant <input type="checkbox"/>	Carer <input type="checkbox"/>
Family Member <input type="checkbox"/>	Staff Member <input type="checkbox"/>
Advocate <input type="checkbox"/>	Other <input type="checkbox"/>

Employee Involved in the Incident:	
Phone:	Date:
Email Address:	Address:

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Witness (repeat table if multiple incidents):	
Phone:	Date:
Email Address:	Address:
I am a: Participant <input type="checkbox"/>	Carer <input type="checkbox"/>
Family Member <input type="checkbox"/>	Staff Member <input type="checkbox"/>
Advocate <input type="checkbox"/>	Other <input type="checkbox"/>

2. Incident Details

Time:	
Date:	
Location:	
Description of the Incident including the impact on, or harm caused to, any person with disability affected by the Incident	
Who assessed the risks involved in the Incident (if applicable)?	
Who was responsible for implementing risk controls (if applicable)?	
Who checked safety of surroundings and equipment prior to the Incident occurring (if applicable)?	
What immediate actions were taken in response to the Incident, including actions taken to ensure the health, safety and wellbeing of persons with disability affected by the Incident	
Was the family and/or primary carer contacted?	
Was the Incident reported to police or any other body?	
Other actions taken	
Is this a Reportable Incident (or alleged Reportable Incident)	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Incident Investigation (to be completed after the facts have been gathered)

- (a) The Incident Manager is responsible for conducting an initial assessment of any Incident, to determine the severity of an Incident and to establish the need for, and scope and nature of, an investigation.
- (b) If an Incident is a Reportable Incident, an internal investigation must take place.

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(c) The Incident Manager or an external investigator may wish to (but is not required to) follow some or all of the process recommendations set out in the Assessment, Investigation and Resolution Memorandum when conducting an investigation.

(d) Findings from the investigation should be summarised in this section of the Incident Report Form.

(e) It is expected that further information and/or an external report related to the Incident investigation including records of phone conversations, emails, documents and, where possible, records of face to face interviews will be collected (and not included in this form).

(f) Such information should be recorded and kept by Balance Mobility in strict confidence in accordance with the Incident Management and Reporting Policy.

Investigator Name:	
Phone:	Date:
Email Address:	Address:

Findings of how the Incident occurred	
1	
2	
3	
4	

Findings of the impact of the incidents, caused harm etc	
1	
2	
3	
4	

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List possible factors/root cause (see below for common factors)	
1	
2	
3	
4	

Environment		Design	
Fibres Fumes Heat Liquid or chemical Mist Slippery surface Rough terrain Dust/particles	Bacteria Fungi Insects Low light levels Mud Radiation solar Radiation other Rain Virus	Equipment Force Layout Machinery Posture Vibration Weight	PPE Tools Guarding Plant Furniture Material Substance
Systems		Human	
Housekeeping Maintenance Storage or stacking Policy/manuals Supervision Instruction Training (induction) Written job procedures	Hazard detection Licences Endorsements Hours of work Work demands Movement Repetition Required equipment	Inexperience Fatigue Understanding Procedures Followed Disability Misconduct	Inattention Illness Relationship Language Lifestyle Reflex action

4. Preventative and Corrective Actions

How could the incident have been prevented?	
Any organisational issues that may have contributed to or did not function in preventing an Incident?	
How could the injury/harm have been avoided?	
How can better service/product design help?	
Other Comments	

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5. Corrective Actions

Preventative Action	Responsibility	Completion Date

6. Remedial Actions

Remedial Action	Responsibility	Completion Date

7. Feedback

Date of Feedback		
Worker Consulted		
Participant Consulted		
Any organisational issues that may have contributed to or did not function in preventing an Incident?		
How can better service/product design help avoid further incidents?		
Other Comments		

8. Signature

I agree that the information included in this Incident Reports Form is true and correct:

Manager: _____

Date: _____