

Date of issue:

# FARM INCIDENT/NEAR-MISS REPORT

## In case of an emergency:

- Contact emergency services: 111
- Call WorkSafe: 0800 030 040

## Personal details

<b>NAME:</b>	<b>PHONE NUMBER:</b>
<b>ADDRESS:</b>	<b>DATE OF BIRTH:</b>
	<b>SEX:</b> <input type="radio"/> Male <input type="radio"/> Female

## Employment details

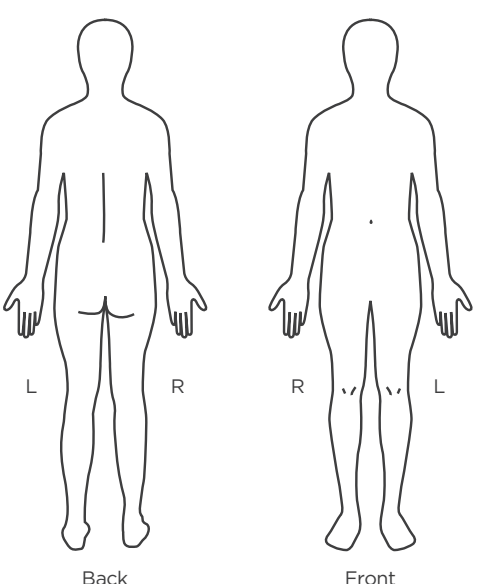
<b>FARM NAME:</b>	<b>JOB TITLE:</b>
<input type="radio"/> Permanent <input type="radio"/> Casual	<input type="radio"/> Contractor <input type="radio"/> Visitor

## Accident details

<b>DATE:</b>	<input type="radio"/> Near-miss	<input type="radio"/> No treatment	<input type="radio"/> First aid	<input type="radio"/> Doctor	<input type="radio"/> Hospital	<input type="radio"/> Serious harm
<b>TIME:</b>	<input type="radio"/> AM	<input type="radio"/> PM	Hours at work:	Date reported:		

## Nature of injury

<input type="radio"/> Strain/sprain	<input type="radio"/> Cut	<input type="radio"/> Head injury	<input type="radio"/> Fracture/break	<input type="radio"/> Gradual process
<input type="radio"/> Bruising	<input type="radio"/> Burns	<input type="radio"/> Poison/chemical	<input type="radio"/> Multiple injuries	<input type="radio"/> No injury

<b>LOCATION OF INJURY (CIRCLE LOCATION)</b>  Back Front	<b>WHERE DID THE ACCIDENT HAPPEN? (EG SHED, Paddock ETC)</b>
<b>HOW DID THE ACCIDENT HAPPEN?</b>	

<b>WAS THE PERSON TRAINED FOR THE TASK THEY WERE DOING?</b>	<input type="radio"/> Yes	<input type="radio"/> No
<b>IF A VEHICLE WAS INVOLVED, RECORD TYPE OF VEHICLE</b>		
<b>WAS A SIGNIFICANT RISK INVOLVED?</b>	<input type="radio"/> Yes	<input type="radio"/> No
<b>IF YES, WHAT WAS THE SIGNIFICANT RISK?</b>		
<b>IS THE RISK ON THE RISK REGISTER?</b>	<input type="radio"/> Yes	<input type="radio"/> No

**WHAT HARM COULD HAVE HAPPENED?**

**STEPS TAKEN TO PREVENT A SIMILAR EVENT HAPPENING AGAIN**

<b>SPECIFIC ACTIONS REQUIRED</b>	<b>PERSON RESPONSIBLE</b>	<b>BY WHEN</b>	<b>DATE COMPLETED</b>

**INITIAL NEEDS ASSESSMENT (ONLY COMPLETE IF A DOCTOR'S VISIT WAS REQUIRED)**

<input type="radio"/> Able to continue full duties	<input type="radio"/> Able to do light duties	<input type="radio"/> Unable to work
<input type="radio"/> Help available at home	<input type="radio"/> Assistance required at home	<input type="radio"/> Transport assistance needed

*Form completed by*

<b>NAME:</b>	<b>POSITION:</b>
<b>SIGNED:</b>	<b>DATE FORM WAS COMPLETED:</b>