



Australian College of Health & Management
 Suite 5, Level 4, 20 Macquarie Street,
 Parramatta, NSW, 2150
 +61 2 8872 1561
info@achm.edu.au
www.achm.edu.au

WHS INCIDENT REPORT

PERSON COMPLETING REPORT

First Name _____
 Surname _____
 Title Employee / Contractor / Student / Visitor
 Date: ____/____/____

DETAILS OF INCIDENT

1. Describe the incident:

2. Was the identified incident on the RTO's premises? Yes No

3. Date of incident occurred: ____/____/____ Time of incident occurred: _____ am/pm

4. Where did the incident occur

- | | |
|--|---|
| <input type="checkbox"/> Training Room | <input type="checkbox"/> Front reception |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Outside the college premises |
| <input type="checkbox"/> Toilets | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Administration Office | |

INJURY REPORT

In the event of an injury, please complete the following details: (if applicable)

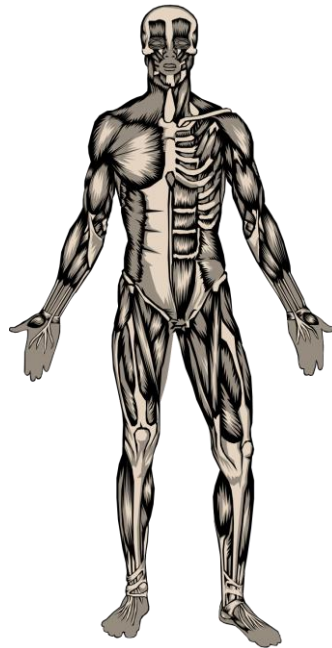
First Name: _____ Surname: _____
 Date of Birth: ____/____/____ Sex: Male/ Female/ Other
 Title Employee / Contractor / Student / Visitor
 Home Address _____
 Contact Number _____



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5. What was the injured person doing at the time of the incident?

6. Please indicate the location of injury on the body by circling the area below:



7. Did the injured person required medical treatment? Yes No

If yes, where was the treatment undertaken and what medical assistance did the injured person require?



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Once this form has been completed, please forward to the RTO Office for action and monitoring, the RTO will then forward this form to the WHS Officer.

ACTION TAKEN/REQUIRED – TO BE COMPLETED BY WHS OFFICER

MANAGE RISK



ELIMINATE



SUBSTITUTE/ISOLATE/ENGINEER



ADMINISTRATION



PERSONAL PROTECTIVE EQUIPMENT

8. Was the risk eliminated? YES NO go to Q9

If yes, how was it eliminated?

9. Was a substitute introduced, and/or isolated and/or engineered to minimise risk? YES NO go to Q10

If yes, what was implemented?



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10. Was an administrative control put into place?

YES NO go to Q11

If yes, what administrative control was put into place?

11. Was Personal Protective Equipment required to be introduced? YES NO

If yes, what PPE was implemented?

| | | |
|---|--------|----------|
| WHS Risk Assessment Undertaken | YES/NO | Date: |
| Was an Opportunity for Improvement identified? | YES/NO | OFI No.: |
| Actions discussed at Quality & Compliance Meeting | YES/NO | Date: |