

# CONFIDENTIAL

## INCIDENT/INJURY FORM

This form is to be completed in the event of accidents, incidents, near misses, dangerous occurrences or injuries by HRM Temporary Labour Hire Employees.

Please complete - Section A & B – for all incidents/accidents

Please complete - Section C - when an injury results

**All incidents, accidents or injuries are to be reported immediately. You are to complete this form and provide it immediately to your direct supervisor/manager AND to HRM**

### Section A: INCIDENT/ACCIDENT NOTIFICATION (Complete responses)

Title:	Last Name:	Other names:	
Date of Birth:			
Email address:		Ph: (w)	Ph: (h)
Home address:			Post code:
Date and time of incident:     /     /     : am / pm		Exact Location:	
Name of Company where injury occurred:			
Immediate Supervisor:			
How did the incident/accident happen?			
Were there any witnesses?     Yes/No			
Name(s) of witness:		Ph:	

### Section B: SUPERVISOR AND EMPLOYER NOTIFICATION

Name of Client/Supervisor Notified : am/pm	Date and time notified     /     /     :
Name of HRM Officer Notified: am/pm	Date and time notified     /     /     :

Signed:	Date:
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**No further action required if an incident notification only**

