

FARM ACCIDENT / NEAR MISS REPORT

Personal Details

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

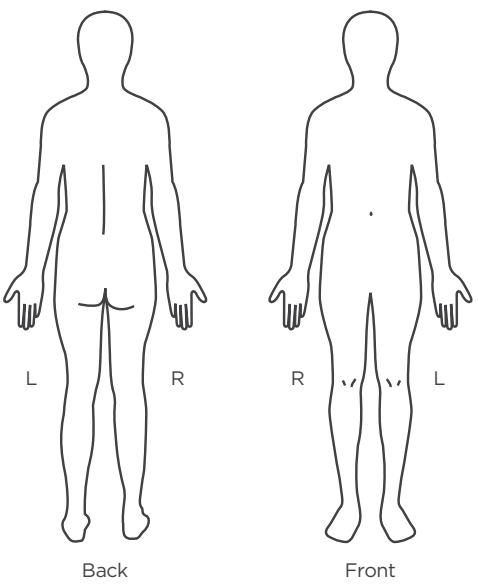
Employment Details

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

Accident Details

DATE:	<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
TIME:	<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
LOCATION OF INJURY (CIRCLE LOCATION)		WHERE DID THE ACCIDENT HAPPEN? (E.G. SHED, Paddock ETC)		
		HOW DID THE ACCIDENT HAPPEN?		
		WAS THE PERSON TRAINED FOR THE TASK THEY WERE DOING?		<input type="radio"/> Yes <input type="radio"/> No
		IF A VEHICLE WAS INVOLVED RECORD TYPE OF VEHICLE		
		WAS A SIGNIFICANT HAZARD INVOLVED?		<input type="radio"/> Yes <input type="radio"/> No
		IF YES WHAT WAS THE SIGNIFICANT HAZARD?		
		IS THE HAZARD ON THE HAZARD REGISTER?		<input type="radio"/> Yes <input type="radio"/> No
		HOW SERIOUS COULD THE INJURIES HAVE BEEN?		
		STEPS TAKEN TO PREVENT A SIMILAR EVENT HAPPENING AGAIN		

SPECIFIC ACTIONS REQUIRED	PERSON RESPONSIBLE	BY WHEN	DATE COMPLETED

INITIAL NEEDS ASSESSMENT (ONLY COMPLETE IF A DOCTORS 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

NAME:	POSITION:
SIGNED:	DATE FORM WAS COMPLETED: