This form must be completed by the person responsible for the injured party (Supervisor/Manager) for each incident in which an injury occurs or an illness is acquired whilst at work. It does not replace and may not be used in addition to Sick Leave or Worker's Compensation Claim Forms, where applicable.

Details of Person involved in Injury/Illness/Incident			
Employee Name:		Contact No:	
Home Address:		Male:	
		Female:	
		Date of Birth:	
Work Details			
Location:		Department:	
Employment or Relationship status to Organisation			
Injured Party:	☐ FT Employee ☐ PT Employee ☐ Contractor ☐ Visitor/Client	Position:	
Does the employee work for any other organisation?	☐ Yes	☐ No	
Visitor/Clients (Area Visited):			
Injury/Illness/Incident Details			
Date of Injury/illness/incident:		Time of Occurrence:	
Description of Occurrence:			

Endeavour Technical Limited © 2024. All rights reserved

Type of Incident		
☐ Fall of person	☐ Muscular effort, single event	☐ Electrical current
☐ Falling object	☐ Muscular effort, repetitive/continuous	☐ Harmful substances
☐ Explosion/Implosion	☐ Muscular effort, postural	☐ Radiation
☐ Step on/strike object	☐ Non-person, property/equipment	☐ Exposure to noise
☐ Caught in/between objects	☐ Struck by object (cut by knife, tools)	
☐ Manual Handling injury	☐ Extreme temperature	

Type of Injury		
☐ No injury reported	☐ Damage to glasses, hearing aids etc	☐ Puncture/penetration
☐ Fractures/dislocation	☐ Occupational Overuse/injuries	☐ Amputations
☐ Sprains/strains	☐ Poisoning/toxic effects of substances	☐ Electric shock
☐ Concussion	☐ Confusions/bruising/crushing	☐ Multiple Injuries
☐ Lacerations/Open cuts	☐ Foreign bodies	☐ Bites/Stings
☐ Grazes/abrasions	☐ Burns and scalds	

Apparent Type of Illness		
☐ Epilepsy	☐ Circulatory system/heart problem	☐ Deafness
☐ Dermatitis/skin rashes	☐ Respiratory/breathing problems	☐ Headaches
☐ Dizziness/fainting	☐ Infectious and parasitic diseases	☐ Shock
☐ Nausea/vomiting	☐ Psychological disorders (e.g. Stress)	

Bodily Location		
☐ Eye	☐ Arm	☐ Psychological
☐ Ear	☐ Hand and fingers	☐ Internal organs
☐ Face	☐ Hip	☐ Multiple parts
☐ Head (other than eyes/face	☐ Trunk	☐ Feet and toes
☐ Shoulder	☐ Back	☐ General/Unspecified
☐ Neck	☐ Leg	

Agency (What caused the incident?)		
☐ Animal(s)	☐ Fixed or mobile plant/machinery	☐ Biological agencies
☐ Chemical(s)	☐ Ground and pathways	☐ Manual Handling
☐ Physical environment	☐ Hand tools (non-powered)	☐ Person/People
☐ Insect(s)	☐ Road transport (cars, bikes etc.)	☐ Slips/trips/falls
☐ Floors and passageways	☐ Equipment (includes powered tools)	☐ Inadequate training
☐ Stairs	☐ Syringes	☐ Foreign objects

When did the Incident Occur?	
☐ During Work time	☐ During break from Work
☐ Journey/to/From Work (Insurer Journey form)	☐ Other

Where did the Incident Occur?	

Endeavour Technical Limited © 2024. All rights reserved

After the Incident			
Did the person:	☐ Return to Work ☐ Go Home ☐ Go to the Doctor	☐ Go to the Hospital ☐ Other	
Was First Aid Received:	☐ Yes	☐ No	
Was there any time lost?	From: To:	Time (Days/Hours):	
Details of Witness to Incident (Witness to fill out Insurer Witness Form):			
Name:		Contact No:	
Address:		☐ Employee ☐ Visitor/Contractor	

Endeavour Technical Limited © 2024. All rights reserved