

Community Health & Safety

Incident report form

Please fill-up this form for incidents to be reported to the Community Health & Safety team

Plan details	
Plan number	
Plan name	
Address	
Owners name	
Contact number	
Email address	
Time of incident (24hour clock)	
Date of incident	
For completion by the Community Health & Safety team	
Work Health & Safety flag	
Status	
Strata manager	
Division	
Person reporting	
First name	
Surname	
Contact number	
Email address	

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Status of reporting person						
Employee	Committee member/owner	Tenant	Visitor	Volunteer	Contractor	Other
Injured person (if not person reporting incident)						
First name						
Surname						
Contact number						
Email address						
Injured person (if not person reporting incident)						
Employee	EC/owner	Tenant	Visitor	Volunteer	Contractor	Other
<p>Details of incident/injury: describe the nature of the incident and injury. Please give full details, in bullet format in time sequence of events leading to the Incident/Injury & include any photos etc, if appropriate. Use separate sheet if required.</p>						
Risk levels						
Level 1: minor incident		Level 2: dangerous incident		Level 3: serious injury/illness/death		
All level 2 or level 3 incidents to be reported to the relevant state regulator below and separate incident notification for details						
All sites of a level 2 or level 3 incident should be preserved intact (where it is safe to do so) until an inspection or inspector clears						
What were they doing at the time the incident occur?						
What factors do they believe led to this incident?						
Were there any witnesses to the incident? If so please provide their name and number						
Was first aid administered at the site? By whom? Please provide their name and number						
Were they taken to hospital? Please provide the hospital name and address						

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Type of injury						
Abrasions	Allergic reaction	Amputation	Bruise	Burns	Cut/laceration	Dislocation
Foreign body fracture	Grazes/scratches	Head injury	Heat stress/exhaustion	Internal injury		
Poisoning/toxic effects	Sprains/strains	Other	please specify below			
To what part/s of the body did the injury occur?						
Left						
Right						
If the injury was a result of a criminal act, have the police been notified? Please provide their name and relevant station						
Risk rating	1	2	3	4		
Risk assessment – what is the worst possible consequences of this hazard/incident?						
Immediate action taken - what has been done to rectify the problem to date (e.g. erect barricade, tape down loose tile)						
Time action was taken						
Date action was taken						
Further action - what further action (if any) needs to be taken to rectify issue? - referred to strata manager						
Work Health & Safety team member						
Main task number						

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Contact details for regulators

The PCBU has the “duty to notify of notifiable incidents” under Section 38 of the Work Health and Safety Act.

An incident is “notifiable” if it results from the conduct of a business or undertaking, and causes: the death of a person; serious injury or serious illness of a person; a dangerous incident.

To notify a ‘notifiable incident’ contact the regulator in the relevant jurisdiction (see table below).

Jurisdiction	Regulator	Telephone	Website
New South Wales	SafeWork NSW	13 10 50	safework.nsw.gov.au
Victoria	WorkSafe Victoria	13 23 60	worksafe.vic.gov.au
Queensland	WorkCover QLD	1300 362 128	worksafe.qld.gov.au
Commonwealth	Comcare	1300 366 979	comcare.gov.au

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