



Are there any witnesses? <i>(if yes please complete the following)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Witness Name		Contact Number	
Occupation		Department	
Witness Name		Contact Number	
Occupation		Department	
Witness Name		Contact Number	
Occupation		Department	
Details of the person completing this form			
Name		Contact Number	
Department		Email	
Address			
Post Code		State	
Signature		Date	
To be completed by OHS representative			
Does this incident require an investigation? <i>(if yes please allow it to be investigated)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Investigation on incident completed? <i>(if no please notify the outcomes to the personnel notified or affected)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you update the incident report register? <i>(if no please update the incident/accident reports register)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any further comments			
RTO Representative			
Name			
Signature		Date	