

Everthought College of Construction RTO Code: 51681 CRICOS Code: 02898C Everthought Education RTO Code: 32438

Website: https://ecoc..edu.au Telephone: 1300 656 498

Incident Report Form

Please select the applicable Registered Training Organisation										
Everthought College of Construction (RTO Code: 51681 CRICOS Code: 02898C) Everthought Education (RTO Code: 32438)										
Incident Reported by										
Date of Incident		Time of Incident								
Address										
Postcode		State								
Was it within RTO's premises? (Please submit this form to an OHS representative for further actions)										
Was it a vehicle crash? (If yes please notify to the accounts department)				☐ Yes	□ No					
Is there any reportable hazard, fault or damage? (If yes please complete relevant forms for further actions)					□ No					
Nature of the incident (Please	tick as appropriate)									
☐ Near Miss	\square Minor cuts/ bruises	☐ Violence	☐ Minor	r Injury						
\square Damage to the property	\square Third party damage	\square Theft/Robbery	☐ Seriou	us injury						
☐ Other (Please specify):										
Personnel affected (Please tick as appropriate)										
☐ Employee	☐ Contractor	\square Student	☐ Visito	r						
☐ Other (Please specify):										
Details of the Personnel Involved in the Incident										
How many people were involved in this incident? (Please include an attachment if more than 3 people involved)										
Name		Contact Number								
Name Occupation		Contact Number Department								
Occupation		Department								
Occupation Name		Department Contact Number								
Occupation Name Occupation		Department Contact Number Department								
Occupation Name Occupation Name		Department Contact Number Department Contact Number								
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Are there any witn	esses? (if yes please complete the following)	☐ Yes		□ No	300 030 130			
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		<u> </u>	_					
Post Code		State						
Signature		Date						
To be completed by OHS representative								
Does this incident require an investigation? (If yes please allow it to be investigated)			☐ Yes	□ No				
Investigation on incident completed? (If no please notify the outcomes to the personnel notified or affected)			☐ Yes	□ No				
Did you update the incident report register? (If no please update the incident/accident reports register)			☐ Yes	□ No				
Any further comments								
RTO Representative								
Name								
Signature		Date						