

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

Website: https://everthought.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 C | ode: 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) | | | | ☐ Yes | □ No | | | | |
| 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 | ☐ Mino | r Injury | | | | | |
| \square Damage to the property | \square Third party damage | \square Theft/Robbery | ☐ Serio | us injury | | | | | |
| Other (Please specify): | | | | | | | | | |
| Personnel affected (Please tick | as appropriate) | | | | | | | | |
| ☐ Employee | ☐ Contractor | ☐ 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 | | | | | | | |
| Occupation | | Department | | | | | | | |
| Name | | Contact Number | | | | | | | |
| Occupation | | | | | | | | | |
| o coapation | | Department | | | | | | | |
| Name | | Department Contact Number | | | | | | | |
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| Name | | Contact Number | | | | | | | |
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| Are there any witnesses? (if yes please complete the following) | | ☐ Yes | | □ No | 300 000 100 | | | |
|---|------------------------|----------------|-------|------|-------------|--|--|--|
| Witness Name | | Contact Number | | | | | | |
| Occupation | | Department | | | | | | |
| Witness Name | | Contact Number | | | | | | |
| Occupation | | Department | | | | | | |
| Witness Name | | Contact Number | | | | | | |
| Occupation | | Department | | | | | | |
| Details of the perso | n 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? (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 | | | | | | | | |
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| RTO Representative | | | | | | | | |
| Name | | | | | | | | |
| Signature | | Date | | | | | | |