



CSCS EVENT NO *EVT.CSCS*.....

HAZARD OR RISK NO *INC.EVT*.....

PROTECHT REPORT NO *INC.EVT*.....

INSURANCE NOTIFICATION No.....

**CSCS INJURY & INCIDENT INVESTIGATION REPORT FORM**

Investigation conducted by: ..... Date ..... Time: .....am/pm

**If Injury Sustained, complete this section**

Name of Injured Person (If there was an injury): .....

Injury Sustained: .....

Date of Injury: ..... Time of Injury: .....am/pm

Location where injury occurred (building no, floor, office no etc.) .....

Type of injury: (cut/strain/sprain etc.) .....

Side of Body: Left  Right  Both

Part of body: Hand  Arm  Head  Foot  Leg  Knee  Torso

First Aid required: Yes  No

Treatment details (None/First aid/ Doctor/Hospital) .....

Did the injured person return to work: YES  NO  If Yes, Date: ..... Time: .....am/pm

Witness/s: Name .....

Gender: Male  Female

Employment Status: Full Time  Part Time  Casual

Phone No .....

**If Incident only, complete this section**

Name of person reporting incident: .....

Date of Incident: ..... Time of Incident: .....am/pm

Location of Incident (building no, floor, office no etc.) .....

Date incident reported: ..... Time incident reported to CSCS Management: .....am/pm

Witness/s: Name .....

Gender: Male  Female

Employment Status: Full Time  Part Time  Casual

Phone No .....





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Investigation Recommendations to Prevent Injury/Incident from re-occurring

Area with horizontal dotted lines for writing investigation recommendations.

Person writing this report: ..... Signature: ..... Date: .....

Attach all statements obtained (injured person, witness etc.)
Attach any photographs taken (injuries, location, damage to property, equipment etc.)
Attach any related Work Orders