QSSS
QUANTITY SURVEYOR SUPPORT SERVICES

Injury Report Form

Released: March 2014

PART A – Details of the incident

DETAILS OF THE PERSON COMPLETING THE REPORT	
Name	
Contact Phone number	
Email address	
Business or Company representing	

Time and date of incident	Enter time ◯ AM ◉ PM ON Enter date
Exact site location where injury occurred	
Activity in which the person was engaged at the time of injury	
Brief description of incident or near miss	
Names and contact details for witnesses to the incident	Enter Name of witness here Enter contact details of wtiness here
Was anyone injured	☐ NO (*complete an Incident Investigation Form if property is damaged*) ☐ YES (complete Part B for each injured person) How many? Type number here
Signature	**Date:** Select date completing form
Submitted to	Choose Title Enter name **ON** Select date submitted

Note: This entire form is to be treated as "CONFIDENTIAL". Please forward the original to admin@qssupport.com.au for central recording, follow-up and reporting.

QSSS
QUANTITY SURVEYOR SUPPORT SERVICES

Injury Report Form

Released: March 2014

Note: If more than one person has been injured in this incident, please attach an additional part B for each injured person

PART B – Details of injury

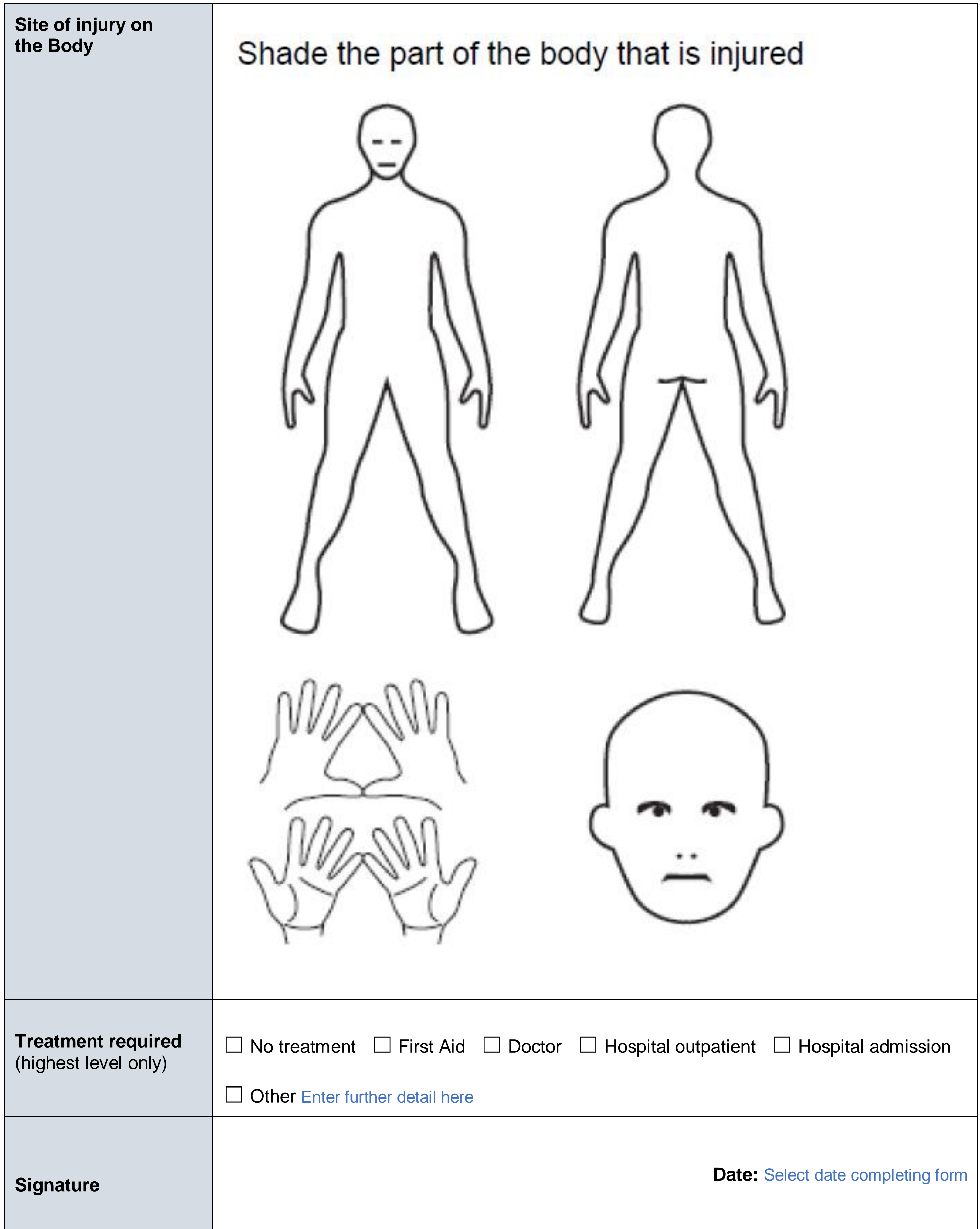
Details of injured person	Name: Enter name here Gender: ☐ Male ☐ Female Date of Birth: Enter date eg. dd/mm/yy.		
Contact Details	Work phone Type number	Home phone Type number	Mobile Type number
	Email Enter email address here		
Relationship with QSSS	☐ QSSS Employee ☐ Contractor ☐ Visitor ☐ Other Enter more detail		
QSSS Employee Details	Position Tile Enter text here Type of Employment: ☐ Full time ☐ Part time ☐ Casual Will a WorkCover claim be lodged? ☐ Yes ☐ No ☐ Unsure Work cycle: ☐ Journey ☐ Meal break ☐ Work site		

Mechanism of Injury (indicate all relevant)	☐ Slip/ trip/ fall ☐ Manual handling ☐ Body stressing ☐ Being hit by falling object ☐ Hitting an object/s with part of the body ☐ Being hit by moving objects ☐Exposure to heat / radiation / electricity ☐ Exposure to biological agent ☐ Exposure to Chemical agent ☐ Exposure to asbestos ☐ Exposure to work stress ☐ Violence ☐ Other inappropriate behaviour ☐ Other Enter brief explanation here
Nature of Injury (indicate all relevant)	☐ Sprain / Strain ☐ Fracture ☐ Bruising ☐ Cuts / Scratch / Abrasion ☐ Burn ☐ Bite/Sting ☐ Electrical shock ☐ Concussion ☐ Psychological ☐ Other Enter brief explanation

QSSS
QUANTITY SURVEYOR SUPPORT SERVICES

Injury Report Form

Released: March 2014

Site of injury on the Body	
Treatment required (highest level only)	☐ No treatment ☐ First Aid ☐ Doctor ☐ Hospital outpatient ☐ Hospital admission ☐ Other Enter further detail here
Signature	**Date:** Select date completing form