

**PART A – Details of the incident**

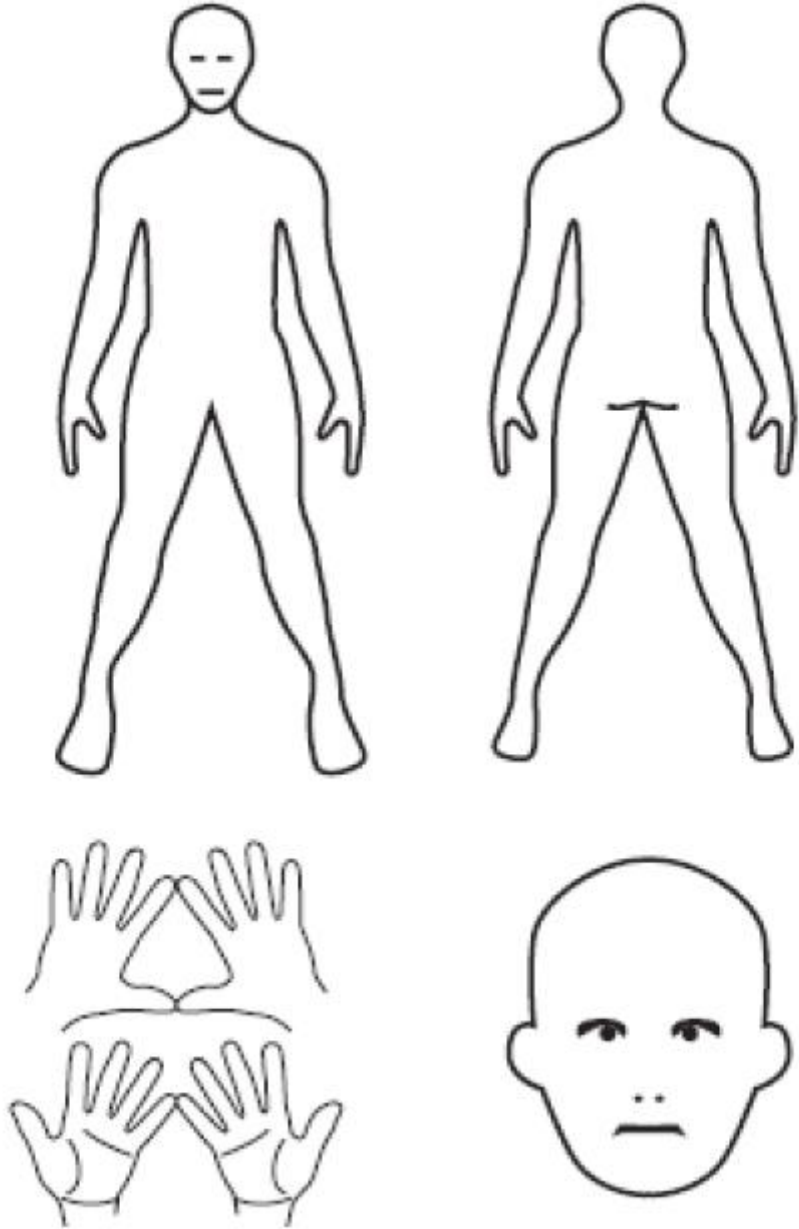
Details of the person completing the report	Name:
	Contact phone number:
	Email address:
	<b>Department:</b> <input type="checkbox"/> Administration <input type="checkbox"/> Corporate Services <input type="checkbox"/> Production <input type="checkbox"/> Maintenance <input type="checkbox"/> Coal Quality <input type="checkbox"/> Training <input type="checkbox"/> Other _____

Time and date of incident	_____ : _____ am/pm on ____/____/____
Location of incident	
Activity being undertaken	
Brief description of incident / near miss	
Names and contact details for witnesses to the incident	
Was anyone injured	<input type="checkbox"/> No (skip to Part C) <input type="checkbox"/> Yes (complete Part B for each injured person)

**PART B – Details of injury**

\* N.B. If more than one person has been injured in this incident, please attach an additional part B for each injured person.  
Please print Part B (pages 2 and 3) for all additional casualties and attached to this report.

Details of injured person	Name: _____  Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female    Date of Birth: ___/___/____
Contact Details	Work phone: _____  Home phone: _____  Mobile: _____  Email: _____
Relationship with Ausmite	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor  <input type="checkbox"/> Other _____
Work/Employment Details	Position Title: _____  Department: _____  Type of Employment: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Day shift <input type="checkbox"/> Night shift
Mechanism of Injury (indicate all relevant)	<input type="checkbox"/> Slip/trip/fall <input type="checkbox"/> Manual handling <input type="checkbox"/> Body stressing <input type="checkbox"/> Being hit by falling object  <input type="checkbox"/> Hitting an objects with part of the body <input type="checkbox"/> Being hit by moving objects  <input type="checkbox"/> Exposure to heat/radiation /electricity <input type="checkbox"/> Exposure to biological agent (including body fluid)  <input type="checkbox"/> Exposure to Chemical agent <input type="checkbox"/> Exposure to asbestos <input type="checkbox"/> Exposure to work stress  <input type="checkbox"/> Violence <input type="checkbox"/> Other inappropriate behaviour  <input type="checkbox"/> Other: _____
Nature of Injury (indicate all relevant)	<input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Fracture <input type="checkbox"/> Cuts/Scratch/Abrasion <input type="checkbox"/> Bruising <input type="checkbox"/> Burn <input type="checkbox"/> Bite/Sting  <input type="checkbox"/> Electrical shock <input type="checkbox"/> Concussion <input type="checkbox"/> Psychological <input type="checkbox"/> Other

<p><b>Bodily Location/s</b></p>	<p>Circle the part of the body that is injured</p> 
<p><b>Treatment required (highest level only)</b></p>	<p> <input type="checkbox"/> No treatment                  <input type="checkbox"/> First Aid                  <input type="checkbox"/> Doctor                  <input type="checkbox"/> Hospital outpatient  <input type="checkbox"/> Hospital admission                  <input type="checkbox"/> Other _____         </p>

**PART C – Report Declaration**

**Declaration to be completed by the person completing and submitting this report**

By signing below, I, the person identified in 'PART A – Details of the incident' of this document, hereby declare that all information provided in this report is accurate to the best of my knowledge.

I acknowledge that I may be required to participate in an Incident Investigation interview and declare I will make myself available if this is the case.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Submitted to:** \_\_\_\_\_  
**(Name)** **(Position)**

**N.B. This form is to be treated as “CONFIDENTIAL”. Please retain the original and forward a copy to: [ausmite@astragroup.com.au](mailto:ausmite@astragroup.com.au) for central recording and reporting.**