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Trainee Incident Report

Injured Trainee:	Given Name:		Surname:	
Host Employer:				
Employer's Address:				
Full Name:	Given Name:		Surname:	

Contact Telephone No:		Report Date:	
Date of Incident:		Time of Incident:	

Incident Type: Fatal Accident Injury Serious "near miss"

Place where the Incident occurred: _____

Brief description of the Incident: *(Give details of the type of injury, if any, caused by the incident)*

Details of the injured trainee:

Trainee's Address: _____

Male Female

Contact Telephone No:		Date of Birth:	
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Work activity being undertaken at the time of the incident: *(Give details of any plant, substance or equipment involved)*

Person/s who saw the incident or first came to the scene:

Action taken/intended, if any, to prevent a recurrence of the incident:

Treatment required: Hospitalisation Doctor Company First Aid Self None
Other *(give details below)*

Signature:

Name _____ **Date:** _____

Office use only:

Field Officer:		Date received at AFL S/R:	
Registered by:		Date registered at AFL S/R:	
		Date copy sent to Trainee:	

**Signature AFL S/R
Executive Officer:**

Date: _____