



GPI POLICY - ANNEX B TO OH&S – INJURY INCIDENT REPORT FORM

Part of body affected (*tick appropriate answers*)

Head	Trunk	Internal	Arm	Hand	Leg	Foot
<input type="checkbox"/> eye	<input type="checkbox"/> neck	<input type="checkbox"/> heart	<input type="checkbox"/> left	<input type="checkbox"/> left	<input type="checkbox"/> left	<input type="checkbox"/> left
<input type="checkbox"/> ear	<input type="checkbox"/> hip	<input type="checkbox"/> lungs	<input type="checkbox"/> right	<input type="checkbox"/> right	<input type="checkbox"/> right	<input type="checkbox"/> right
<input type="checkbox"/> nose	<input type="checkbox"/> chest	<input type="checkbox"/> systemic	<input type="checkbox"/> shoulder	<input type="checkbox"/> thumb	<input type="checkbox"/> knee	<input type="checkbox"/> great toe
<input type="checkbox"/> mouth	<input type="checkbox"/> stomach		<input type="checkbox"/> upper arm	<input type="checkbox"/> fingers	<input type="checkbox"/> lower leg	<input type="checkbox"/> other toes
<input type="checkbox"/> teeth	<input type="checkbox"/> groin		<input type="checkbox"/> elbow	<input type="checkbox"/> palm	<input type="checkbox"/> ankle	
<input type="checkbox"/> face	<input type="checkbox"/> back		<input type="checkbox"/> forearm		<input type="checkbox"/> thigh	
<input type="checkbox"/> skull	<input type="checkbox"/> multiple		<input type="checkbox"/> wrist		<input type="checkbox"/> upper leg	

not applicable

Nature of Accident/Incident (*tick appropriate answers*)

<input type="checkbox"/> abrasion	<input type="checkbox"/> puncture	<input type="checkbox"/> heart attack	<input type="checkbox"/> sprain	<input type="checkbox"/> burn	<input type="checkbox"/> traumatic shock
<input type="checkbox"/> bruise	<input type="checkbox"/> laceration	<input type="checkbox"/> hearing loss	<input type="checkbox"/> strain	<input type="checkbox"/> scald	<input type="checkbox"/> electric shock
<input type="checkbox"/> fracture	<input type="checkbox"/> amputation	<input type="checkbox"/> foreign body	<input type="checkbox"/> hernia	<input type="checkbox"/> rash	<input type="checkbox"/> chemical
<input type="checkbox"/> concussion	<input type="checkbox"/> bite	<input type="checkbox"/> minor cuts	<input type="checkbox"/> Allergy		

Aggravation of previous injury or medical condition.

not applicable

Type of Accident/Incident (*tick appropriate answers*)

<input type="checkbox"/> striking against	<input type="checkbox"/> stumbling	<input type="checkbox"/> lifting	<input type="checkbox"/> pushing	<input type="checkbox"/> ingestion
<input type="checkbox"/> struck by	<input type="checkbox"/> slipping	<input type="checkbox"/> bending	<input type="checkbox"/> pulling	<input type="checkbox"/> absorption
<input type="checkbox"/> caught in	<input type="checkbox"/> tripping	<input type="checkbox"/> twisting	<input type="checkbox"/> jumping	<input type="checkbox"/> inhalation
<input type="checkbox"/> stepping on	<input type="checkbox"/> falling	<input type="checkbox"/> stress	<input type="checkbox"/> motor vehicle	
<input type="checkbox"/> other: describe				

not applicable

Agency of Accident/Incident (*tick appropriate answers*)

<input type="checkbox"/> Vehicle	<input type="checkbox"/> Buildings	<input type="checkbox"/> Mobile Plant	<input type="checkbox"/> Structures
<input type="checkbox"/> Power tools	<input type="checkbox"/> Furniture	<input type="checkbox"/> Other tools	<input type="checkbox"/> Surfaces
<input type="checkbox"/> Animal/Insect	<input type="checkbox"/> Heat Stress	<input type="checkbox"/> Materials	<input type="checkbox"/> Sunburn

Date Policy last reviewed: 21st October 2021
Date Policy due for next review: October 2023



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(Long Term)

SECTION C:

Manager name

Manager signature

Signed by person involved

Date Policy last reviewed: 21st October 2021
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