

Country Care Pty.Ltd.

ABN 19 067 327 440

Specialists in Attendant Care & Home Support Services

Administration

146 Hogan Street

Tatura, 3616.

phone(03)5824 7000

fax (03)5824 1222

INCIDENT REPORT

Office Use

Category Of Incident (Please circle): 1 2 3
(Refer to DHS Incident Reporting Guide)

Type Of Incident (Please circle)

Staff Injury Client Injury Equipment Damage Near miss Other

If other please specify:

Reporting Person's Details

Name:

Address:

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Position:

Tel Home: Tel Work Mobile.....

Date:

Incident Details

Incident Date:

Incident Time:

Address where Incident occurred:

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Location where incident occurred (i.e. bedroom, bathroom, backyard)

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Details of Injuries

Was any person(s) injured Yes No

Details of injured person/s:

1. Name:

Injury/s Sustained:

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.....

Did injured person receive medical treatment for injury/s sustained Yes No

If yes please give details:

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2. Name:

Injury/s Sustained:

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Did injured person receive medical treatment for injury/s sustained Yes No

If yes please give details:

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3. Name:

Injury/s Sustained:

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Did injured person receive medical treatment for injury/s sustained Yes No

If yes please give details:

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Equipment Damaged

Equipment Damaged: Yes No

Type of Equipment Damage:.....
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Details of Damage:.....
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Response to Incident (To be completed by Country Care office staff)

Local Action Taken

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Action Planned to Prevent Recurrence

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Signed:..... **Printed Name**.....

Title:.....

Date:.....



Office Use

- Copy Sent to Reporting Person **Signed**.....
- Copy in Client File
- Copy in Carer's File
- Copy in Injury Register File