INCIDENT / INJURY / ILLNESS REPORT FORM

GENERAL			
Date	10-1-21		
Submitted by	Kerry Hope		
INCIDENT DETAILS			
Notification of	□ Death	□ Dangerous incident	** Serious injury/illness
Incident date	1-1-21		
Incident location	Charlotte street Level 20		
Description of incident	Worker was performing stripping duties on level 20. Worker was unaware of material laying behind him which resulted in a tripping hazard and causing a serious injury.		
INJURY / ILLNESS DETAILS			
Injured party name	John Jones		
Description of injury / illness	Swollen right knee, ligament damage		
Treatment given	R.I.C.E		
CONTROL MEASURES			
Corrective action required	Level 20 clean up. Toolbox talk with all workers to review job practices and procedures to ensure there are no risks in future.		
Person to action	Kerry Hope	**When**	** Immediately □ Within 24 hours □ Within 7 days