

# INCIDENT REPORT FORM

Location of Incident:

Time of Incident:

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## Reporter Details:

Full Name:

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Position/Role:

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Contact Number:

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Email Address:

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## Incident Details:

Type of Incident:

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Description:

Witnesses (names and contacts):

**Injuries Sustained:**

**Property Damage:**

**Immediate Actions Taken:**

**Clause 1 – Purpose of Report**

This Incident Report Form documents the facts and circumstances of the incident described herein to ensure compliance with applicable Australian laws and workplace health and safety regulations.

**Clause 2 – Accuracy and Truthfulness**

The information provided in this report is accurate and truthful to the best of the reporter’s knowledge. Falsification or omission of material facts may result in disciplinary action or legal consequences.

**Clause 3 – Confidentiality**

All information contained in this report is confidential and is to be used solely for incident investigation, compliance, and prevention purposes. Disclosure to unauthorized parties is prohibited.

**Clause 4 – Legal Compliance**

This report is prepared in accordance with the Work Health and Safety Act 2011 (Cth) and relevant state or territory legislation, including all applicable Australian Standards.

**Clause 5 – Incident Investigation**

Upon submission, this report will initiate a formal investigation process to determine root causes and implement corrective actions to prevent recurrence.

**Clause 6 – Reporting Obligations**

Serious incidents as defined by law must be reported to the appropriate regulatory authorities within prescribed timeframes.

**Clause 7 – Liability**

The reporting party and any witnesses shall cooperate fully with investigations. This report does not constitute an admission of liability by any party.

**Clause 8 – Amendment and Updates**

Any amendments or updates to this report must be clearly documented and authorized by the responsible person.

**Clause 9 – Signatures and Verification**

Signatures below confirm the accuracy and completeness of this report and the commitment to comply with any resultant recommendations or corrective actions.

**REPORTER'S SIGNATURE**

**SUPERVISOR'S SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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