
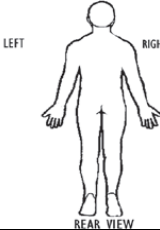




INCIDENT/ACCIDENT REPORT

ERAF603

Date of incident/accident	Time of incident/accident am <input type="checkbox"/> pm <input type="checkbox"/>	Date ERA Personnel notified	Signed
Nature of incident/accident	<input type="checkbox"/> Accident/Injury	<input type="checkbox"/> Hazard Identification	<input type="checkbox"/> Dangerous Occurrence <input type="checkbox"/> Near Miss
Name	Date of birth		
Address			
Contact number	Email address		
Occupation			
Host employer			
Reported to			
Site location where incident/accident occurred			
Activity in which the person was engaged at the time of incident/accident			
Nature of incident/accident – eg fracture, burn, sprain, foreign body in eye			
Body location of injury – eg left hand index finger, right side of head			
Indicate location of injury on the diagram and/or select relevant boxes	<input type="checkbox"/> Front view <input type="checkbox"/> Right side <input type="checkbox"/> Left side		<input type="checkbox"/> Rear View <input type="checkbox"/> Right side <input type="checkbox"/> Left side
			
Name of treating doctor or hospital (if applicable):		A NSW Government WorkCover Certificate of Capacity/Certificate of Fitness is required to be completed by the Treating Doctor for each separate treatment/attendance for the injured worker. Copies must be provided to ERA Personnel. <input type="checkbox"/> Copy of Certificate attached	
Address:			
Contact number:			
Email:			
Referral for further treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of next treatment:	
Expected Return to work date	Pre-injury duties:	Alternate duties:	
Did you lose work hours on the day of incident/accident due to seeking medical attention and advice from doctor?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Office Use Only

Log No

Received By:	Date Director Notified:	Time:	am <input type="checkbox"/> pm <input type="checkbox"/>
Insurer First Notification Date:	Time:	am <input type="checkbox"/> pm <input type="checkbox"/>	
Action Taken:			
Date Closed:	By:	Signed:	