

TENANT INCIDENT REPORT

PROPERTY _____ DATE & TIME REPORTED ___/___/___ am/pm
EXACT LOCATION _____
DATE OF INCIDENT _____ TIME OF INCIDENT _____ DAY OF WEEK _____
INCIDENT REPORTED BY _____ INCIDENT REPORTED TO _____
TIME INCIDENT LOCATION INSPECTED _____ INSPECTED BY _____

PART 1: INJURED PERSON DETAILS

SURNAME _____ GIVEN NAMES _____
ADDRESS _____
TELEPHONE NO Home _____ Business _____ Mobile _____
EXISTING IMPAIRMENTS _____
AT TIME OF INCIDENT WERE YOU CARRYING GOODS ? _____ If yes, details of goods _____

PART 2: PERSONAL INJURY DETAILS

PART OF BODY INURED - Please tick in appropriate box

Head & Neck	<input type="checkbox"/>	Arms & Wrist	<input type="checkbox"/>
Eyes & Features	<input type="checkbox"/>	Hands & Fingers	<input type="checkbox"/>
Back & Trunk	<input type="checkbox"/>	Leg & Ankle	<input type="checkbox"/>
Feet & Toes	<input type="checkbox"/>	Other	<input type="checkbox"/>

If Other, describe: _____

NATURE OF INJURY - Please tick in appropriate box

Fracture	<input type="checkbox"/>	Dislocation	<input type="checkbox"/>
Sprain	<input type="checkbox"/>	Unconscious	<input type="checkbox"/>
Bruising	<input type="checkbox"/>	Superficial	<input type="checkbox"/>
Burns/Scalds	<input type="checkbox"/>	Laceration	<input type="checkbox"/>
Other	<input type="checkbox"/>	Multiple	<input type="checkbox"/>

If Other, describe _____

SEQUENCE OF EVENTS LEADING UP TO THE INCIDENT (by injured party) _____

DESCRIPTION OF INCIDENT (by injured party) _____

INJURED PERSON WAS TREATED BY Treated by First Aider Doctor/Hospital Ambulance in Attendance
NAME OF FIRST AIDER _____ CONTACT NO _____
HOSPITAL _____ DOCTOR _____
 OTHER (Please describe) _____

IF THIRD PARTY/CONTRACTOR AT FAULT, THIRD PARTY/CONTRACTOR'S NAME _____
THIRD PARTY/CONTRACTOR'S INSURANCE DETAILS _____

PART 3: PROPERTY DAMAGE

ITEM DAMAGED _____
DETAILS _____
IF VIEWED AND BY WHOM _____
PHOTOS TAKEN AND BY WHOM _____

PART 4: LOCATION OF INCIDENT - Please tick in appropriate box

Kitchen	<input type="checkbox"/>	Stairs – Front / Side / Rear / Internal	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	Verandah / Balcony / Deck	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	Garage	<input type="checkbox"/>
Dining Room	<input type="checkbox"/>	Pathway	<input type="checkbox"/>
Living / Family Room	<input type="checkbox"/>	Lawn / Garden	<input type="checkbox"/>
Bedroom	<input type="checkbox"/>	Other	<input type="checkbox"/>

If Other, specify exact location: _____

PART 5: TYPE OF INCIDENT - Please tick in appropriate box and provide detail

1. Fall of Person _____
2. Caught in _____
3. Stepping on or Striking Against _____
4. Falling Objects _____
5. Water Damage _____
6. Fire Damage _____
7. Electrical _____
8. Other _____

List immediate actions taken to remove risk:

PART 6: REPORTED TO

POLICE DEPT - Station _____ Officer's Name _____ Report # _____

DETAILS _____

FIRE DEPT - Station _____ Officer's Name _____ Report # _____

DETAILS _____

PART 7: WITNESS* DETAILS

*Eye witnesses witnessed the incident; circumstantial witnesses witnessed the events leading up to or following the incident.

ATTACH STATEMENTS FOR ADDITIONAL COMMENTS

NAME OF WITNESS TO ACCIDENT _____
Surname Given Names

ADDRESS OF WITNESS _____

TELEPHONE NO Home _____ Business _____ Mobile _____

TYPE OF WITNESS EYE WITNESS CIRCUMSTANTIAL WITNESS

RELATIONSHIP TO INJURED PERSON _____
(If more than one witness, please provide details)

IF ANOTHER PARTY RESPONSIBLE, PLEASE PROVIDE DETAILS _____

AGENCY ACTION CHECKLIST

REPAIR PRIORITY ASSESSMENT BASED ON INFORMATION PROVIDED BY TENANT/ PERSON REPORTING INCIDENT

<input type="checkbox"/>	Potential danger - Action immediately!
<input type="checkbox"/>	Security Risk - Action immediately!
<input type="checkbox"/>	Urgent and Important - Action within 1 hour!
<input type="checkbox"/>	Important but not urgent - Action within 3 hours!

Specific actions taken for above + attached copy of Job Order/s

CONTRACTOR ARRANGED	JOB NUMBER _____	COMPLETED BY	DATE	TIME
LESSOR NOTIFIED OF INCIDENT + ACTIONS TO TAKE				
FOLLOWED UP CONTRACTOR FOR STATUS				
LESSOR NOTIFIED OF STATUS & UPDATED				
TENANT NOTIFIED OF STATUS & UPDATED				
LESSOR INSURANCE COMPANY CONTACTED <input type="checkbox"/> YES as per Lessor's instructions. <input type="checkbox"/> NO - not applicable <input type="checkbox"/> NO – as per Lessor's instructions				
BUSINESS OWNER ADVISED WITH INCIDENT REPORT				
AGENCY INSURANCE COMPANY ADVISED IN WRITING <input type="checkbox"/> YES as per Business Owner instructions. <input type="checkbox"/> NO as per Business Owner instructions.				
ATTACHED COMPLETED TENANT INCIDENT FORM				
EMERGENCY JOB COMPLETED BY CONTRACTOR				
LESSOR ADVISED OF COMPLETED & FINAL RESULT				
TENANT ADVISED OF COMPLETED & FINAL RESULT				
COPIES OF JOB ORDERS + COMMUNICATION FROM ALL PARTIES INVOLVED ARE ATTACHED.				
DIARY ENTERED WITH INCIDENT + ACTION DETAILS				