





## 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

## DECLARATION

I / We declare that the contents of this Incident Report are true and accurate.

TENANT NAME/S

SIGNATURE

DATE

## AGENCY ACTION CHECKLIST

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

- Potential danger - Action immediately!

---

- Security Risk - Action immediately!

---

- Urgent and Important - Action within 1 hour!

---

- Important but not urgent - Action within 3 hours!

---

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

---

- Check if required to notify Workplace Health and Safety Queensland (WHSQ) about what happened. Refer to website: <http://www.deir.qld.gov.au/workplace/incidents/incidents/notify/index.htm>
- Yes – Have notified WHSQ of the incident as required – see copy of report submitted attached.

---

- Tenant Incident Report Received

---

- 

---

- 

---

CONTRACTOR ARRANGED	WORK ORDER #		
	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 COPY			
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 COMPLETION & FINAL RESULT			
TENANT ADVISED OF COMPLETION & FINAL RESULT			
COPIES OF WORK ORDER/S + COMMUNICATION FROM ALL PARTIES INVOLVED ARE ATTACHED			
DIARY ENTERED WITH INCIDENT + ACTION DETAILS IN FULL			