

TENANT INCIDENT REPORT



INSTRUCTIONS FOR TENANT: Please complete and return to Solutions Property Management ASAP following the incident. If insufficient space, provide details on separate page.

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? No Yes If yes, details of goods: _____

PART 2: PERSONAL INJURY DETAILS

PART OF BODY INJURED - Please tick in appropriate box

Head & Neck Eyes & Features Back & Trunk Feet & Toes

Arms & Wrist Hands & Fingers Leg & Ankle Other

If Other, describe: _____

NATURE OF INJURY - Please tick in appropriate box

Fracture Sprain Bruising Burns/Scalds Other

Dislocation Unconscious Superficial Laceration Multiple

If Other, describe: _____

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

DESCRIPTION OF INCIDENT (by injured party)

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

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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			