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 WE	EK		
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 IMPAIRM	ENTS		
AT TIME OF INCIDE	NT 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 Oth	er, describe:			

NATURE OF INJURY - Please tick in appropriate box

	Fracture	Sprain	Bruising	Burns/Scalds	Other
	Dislocation	Unconscious	Superficial	Laceration	Multiple
If Ot	her, 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/CONTRACTO	DR AT FAULT, THIRD PAP	RTY/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	Bathroom		Laundry
	Dining Room	Living / Family Room		Bedroom
	Stairs – Front / Side / Rear / Internal	Verandah / Balcony / Deck		Garage
	Pathway	Lawn / Garden		Other
If Of	ther, 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 #
		•

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		TIAL WITNESS		
RELATIONSHIP TO INJURED PERSO	N (If more than one witness, ple	ase 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: <u>http://www.deir.qld.gov.au/workplace/incidents/incidents/notify/index.htm</u> 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 NOTIFED OF STATUS & UPDATED			
LESSOR INSURANCE COMPANY CONTACTED YES as per Lessor's instructions NO - not applicable NO - as per Lessor's instructions			
BUSINESS OWNER ADVISED WITH INCIDENT REPORT COPY			
AGENCY INSURANCE COMPANY ADVISED IN WRITING YES as per Business Owner instructions 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			