

Incident Notification Form



Australian
National
University

Today's date

College/School

Your name

Academic
Supervisor

Incident date

Incident time

Incident location details

Describe how the incident occurred

Immediate action taken

Injury sustained Yes No Near miss Yes No

Are you the affected person? Yes No

Affected person

Injury details

Please email the completed form to: ohsincidents@anu.edu.au

