FORM

Incident Report Form

For recording incidents, near misses and possible reportable incidents.

FOR	VERSION	EFFECTIVE	NEXT REVIEW
All Axis Supports workers, ACT and NSW	2.0	October 2026	October 2027

In an emergency call 000 first. Make sure everyone is safe, then phone the office on 1300 696 888 straight away.

Possible reportable incident? Tell your manager immediately. Axis Supports must notify the NDIS Commission through the NDIS Commission Portal (My Reportable Incidents) within **24 hours** of becoming aware, and submit the 5 Day Form within **5 business days**. Unauthorised use of a restrictive practice that has not caused harm must be reported within 5 business days. Complete this form as soon as possible, and before the end of your shift.

1 Person completing this form

Full name	
Position	
Contact number	
Date and time completed	

2 Participant details

Full name	
Address or location	
Other people involved Names and roles	

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3 Incident details

Date of incident

Time of incident

Location of incident

When Axis Supports became aware
Date and time

Incident type

- ☐ Near miss
- ☐ Injury
- ☐ Illness
- ☐ Medication error
- ☐ Behaviour of concern
- ☐ Property damage
- ☐ Hazard
- ☐ Other

Possible reportable incident

- ☐ Death
- ☐ Serious injury
- ☐ Abuse or neglect
- ☐ Unlawful sexual or physical contact, or assault
- ☐ Sexual misconduct (including grooming)
- ☐ Unauthorised use of a restrictive practice
- ☐ None of these

4 What happened

Events leading up to the incident
Including any behaviours or actions beforehand

Describe the incident

Immediate actions taken
Including first aid and emergency services

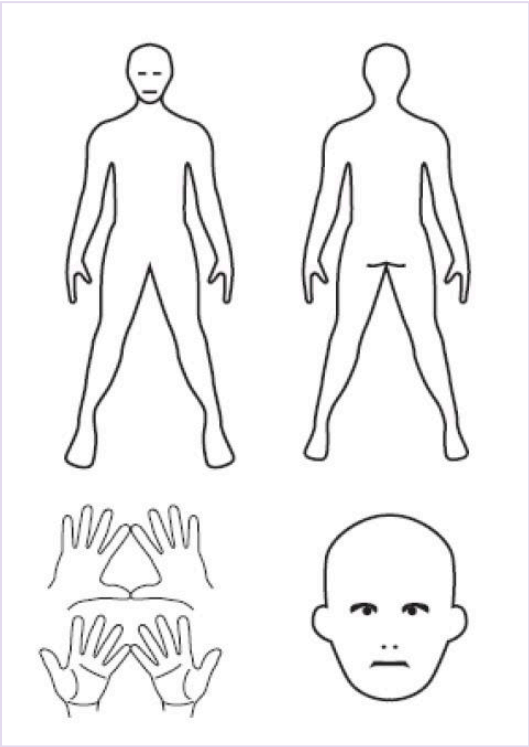
The participant's account and views
Ask the participant, if they are able

Witnesses
Names and contact details

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5 Injuries (if applicable)

Mark the location of any injuries on the diagrams.



Treatment given

Further treatment needed

6 Notifications (manager to complete)

Manager notified
Name, date and time

Family, guardian or nominee notified
Name, date and time

Support coordinator notified
Date

Police notified ☐ Yes ☐ No ☐ Not applicable

Police event number

Is this a reportable incident? ☐ Yes ☐ No

Immediate Notification submitted
Date, time and reference number (within 24 hours)

5 Day Form submitted
Date (within 5 business days)

Final report requested by the NDIS Commission ☐ Yes ☐ No

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7 Investigation

Summary of findings

Causal factors identified

- [ ] **People**
- [ ] **Equipment or plant**
- [ ] **Environment**
- [ ] **Processes or procedures**
- [ ] **Organisational factors**

Recommendations (hierarchy of controls)

- [ ] **Elimination**
- [ ] **Substitution**
- [ ] **Isolation**
- [ ] **Engineering**
- [ ] **Administrative**
- [ ] **Personal protective equipment**

Will the recommendations remove all hazards? ☐ Yes ☐ No

If no, describe further actions below

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8 Actions

All recommendations accepted? ☐ Yes ☐ No

Exceptions

Confirmation of actions

Additional actions to be taken

All actions completed? ☐ Yes ☐ No

Remaining hazards added to risk register ☐ Yes ☐ No ☐ Not applicable

Outstanding actions added to risk register ☐ Yes ☐ No ☐ Not applicable

9 Communication

Participant told of outcome
Date

Participant offered support or an advocate ☐ Yes ☐ No

Guardian or nominee and support coordinator told of outcome
Date

Report saved to participant file and incident register
Date

Sign off

Person completing this form	Signature	Date
Supervisor or manager	Signature	Date

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Notes

This form contains personal and health information. Store it securely in line with our Privacy Policy and the Privacy Act 1988 (Cth). Refer to the Incident Management Policy and the NDIS (Incident Management and Reportable Incidents) Rules 2018.

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