

**INCIDENT/HAZARD REPORT FORM**

Details of Person(s) involved in incident Name: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: \_\_\_\_\_\_\_\_\_

Incident Report Documented by Date Reported

Details of Incident:

Time of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area/Activity that incident occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Description of incident (include drawings /photographs

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Which body parts were affected by the incident? Provide details.

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Witness Statements

Name/Address/Telephone no. of witness - Statement

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Other factors pertinent to the incident?

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Weather conditions at the time of the incident?

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Equipment checked and found suitable? Has broken or damaged equipment been retained?

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Has Personal Protection Equipment been checked? Was it suitable?

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What instruction and training was given in relation to the activity?

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What was the Root cause of the incident?

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What corrective action was instigated, both immediately and ongoing in relation to the incident?

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Was First Aid given and by whom was it given? Provide details and refer to First Aid Report

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Was medical attention sought as a result of the incident? (Please provide details, if known)

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Was there any damage to equipment and/or buildings/property due to the incident? If yes, have Maintenance/Safety representatives been informed to ensure the site is made safe and repairs carried out, if applicable?

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Has the issue been escalated (where required)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the incident a “Serious Event” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notifiable to Worksafe? Yes/No If yes, notified by Phone/Facsimile/Email?

Date?