

HAZARD AND INCIDENT REPORT FORM

This form must be completed to report any hazard or incident within the workplace to ensure an effective response and control measures are reviewed and revised as necessary.

Note: *Death, serious illness or injury and dangerous incidents must be reported immediately to the health and safety regulator.*

Part A – To be completed by the person reporting

What are you reporting?

☐ Observed hazard ☐ Injury/illness ☐ Near miss ☐ Psychosocial ☐ Other

Details of the person reporting

Name: _____ Position: _____

Manager's name: _____

Business address: _____

Telephone number (landline): _____

Telephone number (mobile): _____

Email address: _____

Details of the incident or hazard

Date of incident or hazard observed: _____

Time of incident or hazard observed: _____

Location/area of the incident or hazard: _____

Work/activity being undertake at time of the incident (identify any plant, substance, equipment involved): _____

Description of the incident or hazard: *(in your own words, what happened?)*

Name of witnesses *(if any)*

Name: _____

Contact: _____

Name: _____

Contact: _____

Details of injuries sustained *(if applicable)*

Injured person's name: _____

Type of injury _____

Treatment received _____

Details of other persons involved *(if applicable)*

Did the incident involve any other person? _____

☐ Yes☐ No

Name: _____

Contact: _____

Name: _____

Contact: _____

Details of property damage *(if applicable)*

Did any damage to property occur? _____

☐ Yes☐ No*(If yes, provide details of the damage)*

Site security

Has the area been secured to prevent unauthorised access? _____

☐ Yes☐ No

Are immediate corrective actions required to render the area safe or to eliminate or minimise an immediate risk? _____

☐ Yes☐ No**Actions taken to make the area safe**

What action was taken _____

Responsible person _____

Date for completion _____

Reported to (send Part A immediately to the supervisor or manager)

Name	Signature	Date

Part B – To be completed by the supervisor or manager

Other details following an incident

Were the Police or other emergency services involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, provide details of the officers attending)</i>		
Does the incident require notification to the health and safety regulator (eg SafeWork/WorkSafe)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the health and safety regulator informed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the incident may result in lost time or a claim, was the workers' compensation insurer notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has EmploySure been informed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If no, contact EmploySure as soon as possible)</i>		
Were control measures reviewed and if necessary revised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No