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?	☐Yes	☐No
(If yes, provide details of the officers attending)		
Does the incident require notification to the health and safety regulator (eg SafeWork/WorkSafe)?	☐Yes	☐No
Was the health and safety regulator informed?	☐Yes	☐No
If the incident may result in lost time or a claim, was the workers' compensation insurer notified?	☐Yes	☐No
Has Employsure been informed? *(If no, contact Employsure as soon as possible)*	☐Yes	☐No
Were control measures reviewed and if necessary revised?	☐ Yes	☐ No

Corrective actions taken (if any) to prevent a reoccurrence

What needs to be done	Responsible person	Date for completion