

Incident / Near miss / Hazard Report Form

PRIVATE AND CONFIDENTIAL

REPORT ALL INCIDENTS TO THE EVENT OR FESTIVAL MANAGER.

Event Name: _____ Event Date: ____/____/____
Time Incident was REPORTED ____:____ am/pm Date the Incident was REPORTED ____/____/____
Incident Reported to _____ their Position Title _____

PERSONAL DETAILS

Title _____ First Name/s _____ Surname _____ Date of Birth ____/____/____
Phone _____ Email _____
Address _____ Town/Suburb _____ Postcode _____
Are you an: Employee/Volunteer Contractor Participant Visitor/Public
Position title/occupation _____
Started work at ____:____ am/pm scheduled to finish at ____:____ am/pm but instead finished at ____:____ am/pm

INCIDENT DETAILS

What time and date did the incident OCCUR ____:____ am/pm ____/____/____

General location (e.g. activity name, site) _____

Specific location (e.g. front steps, main stage) _____

Describe the TASK you were doing when the incident occurred _____

Describe the INCIDENT _____

Describe the INJURY (if any) _____

Describe the CAUSE of the incident _____

Was MEDICAL TREATMENT applied Yes No if yes, by whom Ambulance Hospital Medical Centre First Aid Yourself

Describe the treatment type (e.g. disinfectant and band aid or icepack) _____

First Aid Officer name _____ Signature _____ Date ____/____/____

YOUR NAME _____ SIGNATURE _____ DATE ____/____/____

INDICATE INJURED AREA/S



FRONT

BACK

WITNESS STATEMENT

Witness Comments _____

Witness Name _____ Phone _____ Signature _____ Date ____/____/____

MANAGER TO COMPLETE

Type of Incident Injury Hazard Near Miss Environmental Quality Other _____

Injury severity No Injury First Aid Medical Centre Hospital In-patient

NOTIFIABLE Incident Yes No Who (i.e. WorkSafe or EPA) _____ Time ____:____ Date ____/____/____

Other external party notification/s (e.g. contractor employer or neighbors) _____

Description of Investigation, Corrective/Preventative Action taken (utilize the Incident Investigation worksheet over page including the Hierarchy of controls) _____

Additional evidence attached (e.g. Witness Statement, Photos, Workers Compensation, Risk Assessment, Technical report) _____

Feedback provided to the person who reported the Incident ____/____/____ Comment _____

Manager Name _____ Signature _____ Date ____/____/____

ATTACH ANY ADDITIONAL DOCUMENTS (E.G. TOOLBOX MINUTES, MEDICAL REPORTS OR RETRAINING SIGN OFF) REPORT CLOSED ____/____/____

INVESTIGATION QUESTIONS CHECKLIST

How long had you been working prior to the incident? _____ Have you been instructed / trained in this task? _____
 How long had you been working on this task? _____ What were you doing prior to the incident? _____
 Is this task part of your normal duties? _____ Any other comments or observations? _____
 Are there any other factors involved? _____ e.g. management, environment, equipment, maintenance, individual etc.
 What do you think could have been done to prevent this from occurring? _____

INVESTIGATION

What sort of incident occurred? _____ e.g. structural collapse, chemical spill, electrical, plant failure, manual handling, cut, burn, fall
 Type of injury (if injury)? _____ e.g. sting, bite, puncture, cut, bruise, strain, sprain, chemical burn
 Location incident occurred? _____ Housekeeping issues contributed? _____
 What equipment/object involved? _____ Type of shoes worn? _____ e.g. open, closed, boots, high heels, sandals, none
 Appropriate safety equipment (PPE) used? _____ Adequate lighting? _____
 Safe Work Method Statement (SWMS) or SOP involved? _____ Type of surface? _____ e.g. wet, torn, sand, cement, tile, carpet grass, gravel
 Equipment condition? _____ Workload excessive? _____
 Date of last service of equipment? _____ Workload boring or repetitive? _____

SPECIFIC OCCURRENCE

SLIP/TRIP/FALL Height of trip/slip/fall? _____ If stairs, were you going up or down? _____
 Did you fall on your front, back, side? _____ What were you carrying (if anything) at the time? _____
 Were you running, walking, turning a corner, jumping, other? _____
CHEMICALS Was a Safety Data Sheet (SDS) available? _____ Disposal, handling, storage of chemicals adequate? _____
MANUAL HANDLING Action involved? _____ e.g. reaching, bending, stooping, sitting, kneeling, twisting, pushing, pulling, lifting, lowering
 Were work items within easy reach? _____ Ergonomic equipment available? _____
 Repetitive and or forceful movements used? _____ Weight of object? _____
 Height of load? _____ Distance carried / position of the object moved from / to? _____
 Was the equipment being used correctly? _____
VEHICLE Traffic conditions? _____ Any of the following? _____ e.g. intersection, turning right/left, driveway
 Speed prior to accident? _____ Weather conditions? _____ e.g. dry, wet, foggy, windy, night, dusk
 Traveling to? _____ e.g. work, lunch, after work, training, work related travel Nature of load? _____ e.g. height, weight, stability, vision obscured
OTHER Additional specific circumstance factors involved? _____

CORRECTIVE ACTION

THE HIERARCHY OF CONTROL IS TO BE USED TO ASSIST WITH THE PREVENTION OF FUTURE SIMILAR INCIDENT.

ACTIONS REQUIRED TO FIX & PREVENT REOCCURENCE	BY WHOM	BY WHEN	
1. _____ _____	_____	____/____/____	Elimination •Risk will be eliminated where possible •e.g. Work from ground level •e.g. Use of remote controls •e.g. Use of pre-cut materials
2. _____ _____	_____	____/____/____	Substitution Isolation Engineering •Where risk remains, one/combination of controls will be used •e.g. Substitute a chemical for less toxic option •e.g. Isolate persons from noise using sound insulating/absorbing materials •e.g. Engineering controls, such as guards to prevent access to danger areas of plant
3. _____ _____	_____	____/____/____	Administrative •Where risk remains, administrative controls will be used •Safe Work Method Statements (SWMS) •Safe Operating Procedures (SOP) •Training and information
4. _____ _____	_____	____/____/____	Personal Protective Equipment (PPE) •Where risk still remains, it will be reduced as far as reasonably practicable with use of PPE •e.g. Hearing protection •e.g. Respiratory protection
ADD MORE ACTIONS AS REQUIRED			

ENSURE ALL ACTIONS ARE COMPLETED BEFORE CLOSING THE REPORT

