



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 corrective actions are initiated. It is to be completed in the event of any worker identifying a hazard within the workplace or being involved in or witnessing any incident that has resulted in an injury to a person that requires or required more than basic first aid. The form should also be used to report a major non-conformance, an unsafe practice or a near miss/hit that could have resulted in a serious injury.

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? Hazard Injury/illness Near hit/miss Other

Personal details

Surname: _____ First name(s): _____ DOB: _____

Position: _____

Manager's Name: _____

Address: _____

Telephone number (landline): _____

Telephone number (mobile): _____

Email address: _____

Incident/hazard details *(completed by person involved)*

Date of incident/hazard observed: _____ Time of incident/hazard observed: _____

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

Location of incident/hazard: _____

Name of witnesses to the incident/hazard *(if any)*

Name: _____	Contact: _____
Name: _____	Contact: _____
Name: _____	Contact: _____

Details of injuries sustained *(if applicable)*

1. Injured person's name: _____
Type of injury: _____
Treatment received: _____

2. 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

(If yes, provide their name and contact details)

Details of any damage *(if applicable)*

Did any damage to property occur? Yes No

(If yes, provide details of the damage)

Incident/hazard security

Has the area of the incident/hazard 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

Immediate corrective actions required *(to render safe)*

Describe what needs to be done	Who is responsible?	Date for completion
_____	_____	_____
_____	_____	_____

Incident/hazard 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 workplace health and safety regulator (eg Safework/Worksafe)? Yes No

Was the workplace health and safety regulator informed? Yes No

Will the incident result in time lost? Yes No

Was the worker’s compensation insurer notified? Yes No

Is an internal incident investigation required? Yes No

(Required for any serious or dangerous incident. If yes, complete the Incident Investigation Report form)

Has Employsure been informed? Yes No

(If no, contact Employsure as soon as possible)

Additional corrective actions (for hazards or if internal investigation of an incident is not required or not undertaken)

Actions	By whom	Date to be completed
Change to induction/toolbox		
Change to ongoing training		
Change to work procedure		
Change to work environment		
Equipment maintenances		
Job re-design		
Site clean up		

Risk assessment review		
Risk controls review		
Other preventative action		

Consultation

Who did we consult with when deciding on the corrective actions above?

Name	Position	Contact details (phone)

Authorisation of corrective action/s

Name	Signature	Date

Supervisors/Managers must follow up on the corrective actions identified and ensure they are completed within the timeframe specified on this form