



# HAZARD/ INCIDENT REPORT FORM

To be completed in the event of a worker witnessing/being involved in any non-conformance, or an incident, or resulting, or potentially resulting, in an injury or an unsafe practice or a near hit.

## Personal details

Surname: \_\_\_\_\_ First name(s): \_\_\_\_\_ DOB: \_\_\_\_\_

Position: \_\_\_\_\_

Managers Name: \_\_\_\_\_

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

Telephone number (landline): \_\_\_\_\_

Telephone number (mobile): \_\_\_\_\_

Email address: \_\_\_\_\_

## Incident details (completed by person involved)

Date of hazard/ incident: \_\_\_\_\_ Time of hazard/ incident: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Location of hazard/ incident:

141 Railway Terrace

\_\_\_\_\_

## Name of witnesses to the hazard/ incident:

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

## Details of injuries sustained

Injured person's name: \_\_\_\_\_

Type of injury: \_\_\_\_\_

Treatment received: \_\_\_\_\_

Injured person's name: \_\_\_\_\_

Type of injury: \_\_\_\_\_

Treatment received: \_\_\_\_\_

**Details of other persons involved**

Did the hazard/ incident involve any other person?  Yes  No ✓

*(If yes, provide their name and contact details)*

**Details of any damage**

Did any damage to property occur?  Yes  No

*(If yes, provide details of the damage)*

**Other details**

Were the Police involved?  Yes  No

*(If yes, provide details of the officers attending)*

Was Safework SA informed?  Yes  No

Is this a workers compensation related incident?  Yes  No

**What did we do at the time of the incident?**

<b>Actions</b>	<b>Proposed?</b>	<b>Taken?</b>
Change to induction		
Change to ongoing training		
Change to work procedure		
Change to work environment		
Equipment maintenances		
Job re-design		
Site clean up		
Risk assessment review		
Other preventative action		

**Corrective actions**

<b>Describe what needs to be done</b>	<b>Who is responsible?</b>	<b>Date for completion</b>

## Consultation

Who did we consult with when deciding on the actions for the controls?

Name	Position	Contact details (phone)

## Authorisation of corrective action

Name	Signature	Date

## Tabled to TBCC Board of Management (BOM)

Date	Signature	Chair person

<b>Date first formulated</b>	V1 adopted 25/02/2007	
<b>Dates approved by Board</b>	V4 V5	June 20160 March 2019
<b>Next Review Date</b>	March 2022	
<b>Related Documents</b>	First Aid Policy Accident, Incident Investigation Reporting Procedure Food Safety Policy Hot Weather Policy Privacy and Confidentially policy Work Health and Safety Policy Work Health and Safety Procedure <a href="#">Australian Resuscitation Council</a>	
<b>Legislation</b>	<a href="#">Work Health and Safety Act 2012 (SA)</a> <a href="#">Civil Liability Act 1936</a>	

Signed on behalf of TBCC Board of Management by:

Name: Jack Hunt

Position held: Chairperson



Signature: 01/03/2019