

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, Tailm Bend South Australia

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?

Actions	Proposed?	Taken?
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

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

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

Date first formulated	V1 adopted 25/02/2007	
Dates approved by Board	V4 V5 V6	June 2016 March 2019 December 2022
Next Review Date	December 2023	
Related Documents	First Aid Policy Accident, Incident Investigation Reporting Procedure Food Safety Policy Hot Weather Policy Privacy and Confidentiality policy Work Health and Safety Policy Work Health and Safety Procedure Australian Resuscitation Council Guidelines My Aged Care website CHSP Manual National Guide to the CHSP Client Framework (Guide) Serious Incident Response Scheme reportable incidents workflow . Aged care Charter of rights Aged care Standards Code of Conduct for Aged Care (information for workers)	
Legislation	Work Health and Safety Act 2012 (SA) Civil Liability Act 1936 Aged Care Quality and Safety Commission Amendment (Code of Conduct and Banning Orders) Rules 2022	

Signed on behalf of TBCC Board of Management by:

Name: Judy Bagg

Position held: Chairperson

Signature:



07/12/2022