

INCIDENT/HAZARD REPORT FORM



Details of Person(s) involved in incident

Name

Address

Phone No

Date of Birth

Gender

Pastor/Staff/Volunteer/Student/Teacher/Contractor/Private Camper/

(fill in blank if other)

Incident Report documented by

Date Reported

Details of Incident

Time of Incident

Date of Incident

Location of Incident

Area/Activity that incident occurred

Description of incident (include drawings /photographs)

Which body parts were affected by the incident? Provide details.

Witness Statements

Name/Address/Telephone no. of witness - Statement

Other factors pertinent to the incident?

Weather conditions at the time of the incident?

Equipment checked and found suitable? Has broken or damaged equipment been retained?

Has Personal Protection Equipment been checked? Was it suitable?

What instruction and training was given in relation to the activity?

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What was the Root cause of the incident?

What corrective action was instigated, both immediately and ongoing in relation to the incident?

Was First Aid given and by whom was it given? Provide details and refer to First Aid Report

Was medical attention sought as a result of the incident? (Please provide details, if known)

Was there any damage to equipment and/or buildings/property due to the incident? If yes, have Maintenance/Safety representatives been informed to ensure the site is made safe and repairs carried out, if applicable?

Has the issue been escalated (where required)?

Is the incident a "Serious Event" notifiable to Workcover?

If so, notified by Phone/Facsimile/Email? Date?

Guidelines in relation to use of this form

Site specific comments

Other details