



Report Number: _____

ACCIDENT / INCIDENT / NEAR MISS / HAZARD ID / DAMAGE
(Circle the relevant type of report)

Name: _____ Date: _____
Work Area: _____

Date Of Incident: _____ Time: _____ Date Reported: _____
Location: _____ Witness: _____
Reported To: _____

Full Incident Details
(Describe what task was being performed and where. Describe what happened, what could have happened and/or any property damage. Attach photograph or drawing if necessary)

[Multiple empty horizontal lines for text entry]

Nature Of Injury (if applicable)

(Circle the most appropriate)

Contusion/Crush	Burn	Dislocation	Amputation
Laceration/Open Wound	Superficial Injury	Foreign Body	Internal Injury
Concussion	Sprain/Strain	Fracture	Dermatitis

Location Of Injury (if applicable)

(Circle the most appropriate)

Head/Face	Eyes	Internal Organs
Hands/Fingers	Shoulders/Arms	Trunk (other than back)
Hip/Leg	Foot/Toes	Back
Other (please specify) _____		

Results Of Accident

Lost Time Injury Y / N

No. of Days: ____days

Workers Comp Y / N

Treatment Received: First Aid Doctor Hospital
(Please Circle)

Damage To Equipment/Buildings/Vehicles etc.

What was damaged? _____

Extent of damage? _____

Contributing Factors (if any) (Consider factors such as Environmental, Equipment failure, Training, Procedural)	

Corrective Actions (Should be completed in conjunction with Manager/Supervisor with due regard to hierarchy of controls i.e. Elimination, Substitution, Engineering, Isolation, Administrative & PPE)	
Immediate Actions	
Recommendations to prevent a future recurrence of this incident	
Person Responsible for Implementation	
Target Date For Completion	

Finalisation Signatures	
Worker: _____	Date: _____
HS Rep: _____	Date: _____
Manager: _____	Date: _____