

## INCIDENT/HAZARD REPORT FORM

This form must be completed for an incident involving injury/illness, accident, near misses or workplace hazards. Incidents that involve actual or potential significant injury must be reported immediately to your workplace OHS Officer and IOGTA.

### PERSON COMPLETING FORM

Full name:	Position title:
Email:	Contact details:

### DETAILS OF INJURED PERSON

Surname:	Given name:
Address:	Phone:
Date of birth:	Job title/occupation:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

### LOCATION, DATE & TIME OF INCIDENT

Location:	Date/time:
Reported to whom:	

### WITNESS DETAILS (if applicable)

Name:	Phone no:
Address:	

### DETAILS OF INCIDENT/HAZARD/INJURY/ILLNESS

#### TYPE:

Injury     Hazard     Incident/Near miss     Illness/Disease     Act of violence   
 Property damage     Other (please state)  \_\_\_\_\_

#### DESCRIPTION OF INCIDENT/HAZARD/INJURY/ILLNESS:

#### INITIAL TREATMENT REQUIRED (Select all applicable):

Nil     OHS Officer     Medical Treatment     Ambulance called     Hospital   
 Medical Treatment     Intend to seek medical treatment

**WHAT PART OF THE BODY WAS INJURED?** Please describe AND indicate on the diagram:

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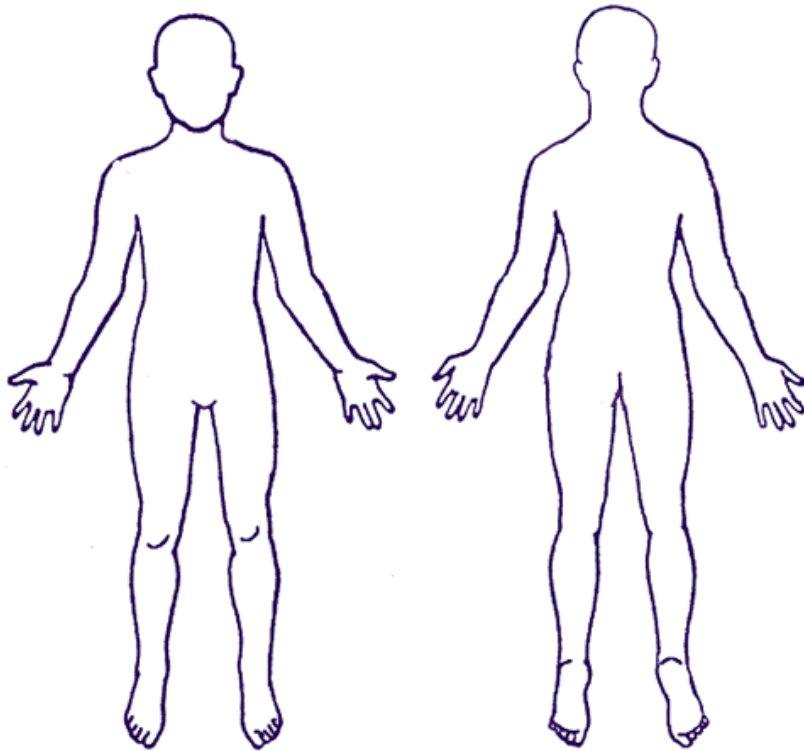
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**INCIDENT INVESTIGATION – To be undertaken by Manager/Team leader/OHS representative**

**CONTRIBUTING FACTORS THAT MAY HAVE LED TO INCIDENT/HAZARD:** (tick those that may be relevant)

Accessibility  Floor/Ground surface  Lighting  Equipment design/size/weight  Chemicals

Workload  Ill-health  Fatigue  Lack of training

Not enforcing safe work practices  Other (please state)  \_\_\_\_\_

**ANY OTHER OBSERVATIONS/MANAGER COMMENTS/FOLLOW UP REQUIREMENTS:**

**RECOMMENDED CORRECTIVE ACTION PLAN:**

Preventative/Corrective actions	Person responsible	Target completion date

**RISK ASSESSMENT:**

What is the worst possible consequence of this hazard/incident/injury/illness?

What is the likelihood of this occurring?

RISK RATING CONSEQUENCE	LIKELIHOOD				
	Rare	Unlikely	Possible	Likely	Almost certain
Catastrophic (Death/serious injury)	Significant risk	Significant risk	High risk	High risk	High risk
Major (Serious injury)	Low risk	Moderate risk	Significant risk	High risk	High risk
Moderate (Lost work time)	Low risk	Low risk	Moderate risk	Significant risk	High risk
Minor (No lost time)	Low risk	Low risk	Low risk	Moderate risk	Significant risk
Minimal (No injury)	Low risk	Low risk	Low risk	Low risk	Moderate risk

Risk Rating - tick one as appropriate:

High Risk		Significant Risk		Moderate Risk		Low Risk	
Immediate action required	<input type="checkbox"/>	Action required as soon as possible	<input type="checkbox"/>	Action required with 1-3 months	<input type="checkbox"/>	Monitor hazard. Minimal action.	<input type="checkbox"/>

**INVESTIGATION COMPLETED BY MANAGER/TEAM LEADER/OHS REPRESENTATIVE:**

Print name:	Position title:
Signature:	Date:
Phone:	

Document Distribution:

1. Provide original documents in person all completed forms within 3 days to Christmas Island IOGTA Office: 08 9164 7220