



# HAZARD/INCIDENT/INJURY REPORT

Use this form to report an incident involving injury/illness, property/environmental damage, near misses or a workplace hazard.

<b>Report Type:</b>	<input type="checkbox"/> Injury	<input type="checkbox"/> Illness	<input type="checkbox"/> Property Damage	
	<input type="checkbox"/> Environmental damage	<input type="checkbox"/> Near Miss	<input type="checkbox"/> Workplace Hazard	
<b>Involving:</b>	<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Volunteer	
	<input type="checkbox"/> Visitor	<input type="checkbox"/> Other		
<b>1. Details of Injured Person</b>				
Name:				
Phone (Home):		Phone (Work):		
Address:				
<b>2. Details of Hazard/Incident or Potential Risk</b>				
Date:	Time:	Location:		
Describe what happened/could happen and how:				
<b>3. Details of Witness</b>				
Name:				
Phone (Home):		Phone (Work):		
Address:				
<b>4. Details of Injury</b>				
What type of injury/illness did you suffer? (eg burn, cut, sprain)				
What part of your body was injured? (eg back, left forearm)				
What caused the injury? (eg fall, hit by object)				
What was the agent? (eg, chair, person, hot water)				
<b>5. Treatment Administered</b>				
Report Only:	<input type="checkbox"/> YES <input type="checkbox"/> NO	First aid given:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name of first aider:
GP Referral:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hospital:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Treatment Refused:	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Treatment provided:				
First Aid supplies used:				
Referred to:				



<b>6. Incident Investigation</b> <i>(comments to include causal factors)</i>	

<b>7. Risk Assessment</b>	
How likely is it that this situation will occur?	<input type="checkbox"/> almost certain <input type="checkbox"/> likely <input type="checkbox"/> possible <input type="checkbox"/> unlikely <input type="checkbox"/> rare
What would be the impact on those involved if it did occur?	<input type="checkbox"/> catastrophic <input type="checkbox"/> major <input type="checkbox"/> moderate <input type="checkbox"/> minor <input type="checkbox"/> insignificant
What is the level of risk involved in the situation occurring?	<input type="checkbox"/> extreme (death and extensive injuries)- refer immediately to Executive Director <input type="checkbox"/> high (medical treatment) - refer immediately to Executive Director <input type="checkbox"/> medium (first aid treatment) - monitor and take action when required <input type="checkbox"/> low (no treatment) - manage by routine procedures

<b>8. What actions need to be taken to prevent recurrence?</b>			
Action to be taken	By whom	By when	Date completed

<b>9. Actions Completed</b>			
Signed:		Date:	
<input type="checkbox"/> Feedback provided to person involved	Date:		

<b>10. Review Comments</b>	
Record and/or refer to:	<input type="checkbox"/> risk register      Date:
	<input type="checkbox"/> staff meeting for discussion      Date:
	<input type="checkbox"/> HSC for review      Date:
	<input type="checkbox"/> Executive (extreme or high risks)      Date:

Student Name: \_\_\_\_\_

Assessor Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Assessor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_