

PART A: HAZARD / INCIDENT REPORT (to be completed by the involved worker)			
Is this a:	<input type="checkbox"/> Hazard report <input type="checkbox"/> Incident Report (including near miss)		
Workplace Location:			
Date of Incident:		Date Reported:	
Time of Incident:			
Name of Person Reporting Hazard / Incident:			
Name of Person Injured (if applicable):			
Nature of Injury (is applicable):			
Part of Body Injured (if applicable):			
Treatment Outcome (if applicable):	<input type="checkbox"/> Nil required <input type="checkbox"/> First aid <input type="checkbox"/> Medical treatment from GP <input type="checkbox"/> Hospital		
Location of the hazard / incident:			
Description of Hazard / Incident:			
How did the Hazard / Incident / Injury Occur?			
PART B: CORRECTIVE ACTIONS			

What needs to happen? (to ensure that similar incidents do not occur in the future or to minimise the risk from the hazard)	By When?	Person Responsible

PART C: SIGN OFF	
Person Reporting Incident (print name):	Manager:
Signature:	Signature:
Date:	Date:
Phone Number:	Phone Number: