



# HAZARD / INCIDENT / ACCIDENT REPORT FORM

## PART A - TO BE COMPLETED BY EMPLOYEE

Employee Name \_\_\_\_\_ Client Name \_\_\_\_\_

Site \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Date of incident / accident \_\_\_\_\_ Time \_\_\_\_\_

Witness name and contact details \_\_\_\_\_

### Details of Injury / Treatment (if any)

Injury location (body part) \_\_\_\_\_ Nature of Injury \_\_\_\_\_

First Aid administered by \_\_\_\_\_ Doctor/ Hospital (if applicable) \_\_\_\_\_

Restricted duties / incapacity (if any) \_\_\_\_\_

### Incident Details

Describe the hazard / detail what happened – include area and task, equipment, tools and people involved

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Possible Solutions / how to prevent recurrence – do you have any suggestions for fixing the problem or preventing recurrence

Please tick:

- Change to Induction
- Change to Training
- Change to Equipment
- Change to Work Procedure
- Change to Work Environment
- Other \_\_\_\_\_

Provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PART B - TO BE COMPLETED BY SOS EMPLOYMENT

**Incident Type**

- Near Miss (no injury but hazardous situation)
- Property Damage
- Minor Injury – no treatment
- Moderate Injury – first aid treatment
- Serious Injury – medical treatment
- Notifiable Incident

**Results of investigation**

Determine whether the hazard is likely to cause an injury and explain what factors caused the event

Contributing factors

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Root Cause

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**Action taken**

Identify actions to prevent injury or illness using 'hierarchy of controls' in order of effectiveness:

1. Elimination 2. Substitution 3. Engineering Controls 4. Administrative Controls 5. Personal Protective Equipment

Action	Person Responsible	Completion Date

Completed by \_\_\_\_\_ Date: \_\_\_\_\_