Safety Incident Report

Details of person making the report

Surname:					**Title:**	
First Given Name:						
The incident resulted in:	☐	Injury to a Person	☐	Damage to property	☐	A near miss

Details of the incident

Date occurred:	
Time occurred:	
Location of incident:	
What happened?	
Who witnessed the incident?	

Details of injured

Who was injured?	**First Name:**		**Last Name:**	
	Gender:	**Staff:** ☐	**Student:** ☐	**General Public:** ☐
What was the nature of the injury?				
What treatment was provided and by whom?				

Details of Damage to Property

What property was damaged?	
Has this created a safety hazard?	
Is repair work required?	
Who owns the property?	

Prevention suggestions:

What seemed to cause the incident?	
How could this be prevented?	
Were any immediate controls put in place?	
Who has current responsibility?	
Is an investigation required?	

By signing this form, I certify that the information provided is true and correct.

Signed: _____ Date: _____ / _____ / _____

Name of person completing report: _____

For Supervisor

Supervisor's comments: _____

_____

_____

_____

_____

_____

Does this incident require further investigation? ☐ Yes ☐ No

Does the severity of this incident require notification to Work Safe Authority? ☐ Yes ☐ No

Supervisor's signature: _____ Date: **DD / MM / YY**