



Incident Details			
Incident Type:	<input type="checkbox"/> Near Miss <input type="checkbox"/> Injury/Illness <input type="checkbox"/> Equipment/Property Damage <input type="checkbox"/> Environmental <input type="checkbox"/> Hazard		
Site:			
Location:			
Date of Incident/Hazard:		Time of Incident/Hazard:	
Person(s) Involved:	Name	Contact No.	
Brief Description:			
External Notifications:	<input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance <input type="checkbox"/> EPA <input type="checkbox"/> WorkSafe <input type="checkbox"/> Other <input type="checkbox"/> N/A Details:		
Were there any witnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify who:	

Hazard/Injury Details	
Type of Injury/Hazard:	
Body Part Injured:	
Treatment Details:	<input type="checkbox"/> No Treatment <input type="checkbox"/> First Aid <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Hospitalisation (in-patient)
Outline action undertaken to manage injury:	

Incident/Hazard Timeline			
Date	Time	Event of Significance	Source



Incident Classification	Incident Description
High	Incident involving significant near miss, fatality or Lost Time Injury (LTI), significant equipment/property damage, environmental breach or spill resulting in widespread contamination.
Medium	Incident involving a near miss, Medical Treatment Injury (MTI), major equipment/property damage or spill resulting in significant contamination.
Low	Incident involving a First Aid Injury (FAI), negligible equipment/property damage or minor spill resulting in no contamination.

Incident Classification	
Classification:	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low (Note: Investigation required for medium and high incidents)
Is an incident investigation required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Corrective & Preventative Actions			
Action No.	Actions Required	By Who?	By When?

Sign Off			
Incident/Hazard Report completed by:			
Name	Position	Signature	Date
Member Protection Information Officer to sign once report is completed			
Name	Position	Signature	Date