

DETAILS OF THE INCIDENT OR NEAR MISS

Incident involved (names)	NAME	CONTACT DETAILS			INVOLVED or WITNESS
INCIDENT TYPE <i>(tick one)</i>	Incident		Hazard		Near Miss
Description of the incident / Hazard or Near Miss					
Location of the incident / Hazard or Near Miss				Date of incident	
				Time of incident	

PERSON REPORTING THE INCIDENT, HAZARD OR NEAR MISS

Name					
Street Address					
Suburb		State		Postcode	
Email address					
Phone					

MANAGEMENT REVIEW OF THE INCIDENT, HAZARD OR NEAR MISS

Date received		Injury?		Lost time	
Reportable to SafeWork		Date reported			
List causes of incident					

This form is to be completed as soon as practicable following an incident or near miss or when a hazard is identified.
Management must be notified of all incidents as soon as possible

CONTROL / REMEDIATION ACTION PLAN

What	By whom	By when	Status

CONSULTATION & COMMUNICATION PLAN

Communicate what	To who,	By when	By whom	Status

ADDITIONAL NOTES / COMMENTS

Date	Notes

MANAGEMENT CLOSE OUT & SIGN OFF

Name	Position	Signature	Date

Incident, Hazard or Near Miss Report