



INCIDENT HAZARD REPORT FORM

Report No:

1. REPORTED BY

Surname:

Given name:

Address:

Telephone:

2. HAZARD DETAILS

(COMPLETE THIS MODULE ONLY IF NO INJURY OR
PROPERTY DAMAGE HAS OCCURRED)

Describe the hazard that exists

Describe any action taken:

Describe any suggestions to remove hazard?

3. INCIDENT DETAILS

(COMPLETE THIS MODULE ONLY IF AN INCIDENT
CAUSES INJURY OR PROPERTY DAMAGE)

Name of injured person/owner of damaged
property:

Address:

Date of incident:

Time

Location:

Describe how the incident occurred:
(List sequence of events preceding incident)

Details of injury or property damage sustained:

Details of subsequent events:

(eg. Treatment given, name of doctor, name of hospital)

4. DECLARATION

I hereby declare the information provided above is true
and correct.

Signed:

Date:

5. INVESTIGATION

(COMPLETE UNDER THE DIRECTION OF THE
RESPONSIBLE OFFICER OR OH&S COORDINATOR)

Details of investigation

(Attach sheet if necessary with additional details)

What corrective action was identified?

Who is responsible for completing the
corrective action?

Target completion / or review date:

Signed Responsible Officer:

Date corrective action completed:

Signed OH&S Co-ordinator:

Definitions:

Incident: Any event that gives rise to personal injury or
damage to property, or has the potential to cause
personal injury or property damage.

Hazard: Any physical condition that exists on the
property that has the potential, if left unchanged, to
cause personal injury or damage to property.