

Hazard, Incident and Investigation Report Template

Purpose: Use this form to record information about events that do or can harm people, property or the work environment, and to record actions to prevent the event happening again.

Incident Number

Incident Details

Type

Hazard Near Miss Breach of procedure Injury/Illness Non-Work Related
 Other

Date (DD/MM/YYYY)

Time

Location

Notifiable Incident Details (refer to SafeWork NSW for a definition)

Notifiable Event

Yes No

Date (DD/MM/YYYY)

Time Notified

Reason for Notifying

Details of Person/s involved in the incident

Employee Contractor Visitor Customer

First Name

Last Name

Date of Birth (DD/MM/YYYY)

Gender

Male Female

Employment Start Date (DD/MM/YYYY)

Employee Number

Contact Number(s)

Email

Address

Interpreter Required

Yes No

If Yes, Language

Manager's Name

Contact Number

Other People Involved

Incident reported to

First Name

Last Name

Job Title

Date/Time

Witnesses

Name

Contact Number

Name

Contact Number

Name

Contact Number

Name

Contact Number

Injury/illness Details

Nature of Injury/Illness

Sprain/Strain

Laceration

Bruise

Fracture

Burn

Head Injury

Psychological

Other

Injured Body Location(s)

Head/Face

Chest/Abdomen

Hand/Fingers

Foot/Toes

Neck

Back

Shoulder

Arm

Elbow

Wrist

Hip

Leg

Knee

Ankle

Other

Injured Body Area(s)

Right

Left

Top

Bottom

Upper

Mid

Lower

Other

Injury/illness Treatment

Nature of Injury/Illness

First Aid Doctor Hospital

Details of Treatment

Treatment Provider(s)

Incident Description

Key Findings

Contributing Factors

People

Procedure not followed Required PPE not used
 Using tools / equipment unsafely Improper technique
 Lack of situational awareness Fatigue
 Distraction Rushing / Time Pressure
 Affected by drugs or alcohol Personal Issues
 Lack of consultation / communication Other

Environment

Noise Insufficient lighting Dust / fumes
 Vibration Insufficient workspace Slip / trip hazard
 Weather Temperature Other

Equipment

- Equipment failure
- Inadequate maintenance
- Pre-start inspection not completed
- Inadequate guarding
- Incorrect equipment for the task
- Other

Procedures

- No procedure in place
- Hazard not identified
- Inadequate controls implemented
- Hazard not reported
- Other

Organisation

- Lack of training
- No supervision
- Inadequate resources
- Workload
- Task allocation
- Other

Immediate Corrective Actions taken

Corrective Actions

Required	Responsibility	Due Date	Completion Date

Preventative Actions

Required	Responsibility	Due Date	Completion Date

Incident Investigation Team

Name	Job Title

Form completed by

First Name

Last Name

Job Title

Signature

Date (DD/MM/YYYY)