INCIDENT REPORT

This form is to be completed for any accident/incident or near miss by a Manager, Supervisor or Company Representative within 24 hours of occurrence.

1. Details of Injured or Affected Person		
Please check which is appropriate		
☐ First Aid Only	☐ Medical Treatment	☐ Lost Time Injury
☐ Ne[illegible]	☐ Property Damage	☐ Dangerous Event
Nam[illegible]:	Contact No:	
Add[illegible]ss:		
D[illegible]	[illegible]	☐ [illegible]emale

Work Type:	☐ Full-time	☐ Part-time	☐ Casual	☐ Other

2. Incident Description			
Date incident occurred:		Time:	
Exact work site location:			
Describe what happened and how:			
If required, provide a sketch of the incident (or attach photos to the report):			

3. Immediate Containment Action (What was the immediate response)

4. Det[illegible]cident or Near Miss	
Natu[illegible] of injury, [illegible]isease or [illegible] miss (e.g. burn,	

8. Actions to Prevent Re-Occurrence			
Action	**By Whom**	**By When**	**Date Completed**

9. Actions Completed		
Was feedback given to personnel?	**Yes** ☐	**No** ☐

Risk Severity Table

Category	Low	Medium	High	Extreme
Health and Safety	Circular first aid required only, no lost time or occupational illness	Medical treatment required	Serious notifiable injury or illness or lost time injury	Fatality or non-recoverable occupational illness or permanent major disability
Plant and Equipment damage	Damage less than $1000 Minor repairs only	Damage less than $10,000	Damage more than $10,000	Damage more than $100,000
Environmental Damage	Negligible environmental impact, managed within operating budgets	Reversible environmental damage, remediation up to $25,000 to rectify or contain	Short term environmental damage	Long term environmental damage, remediation over $100,000 to contain
Business Interruption	Less than 1 hour downtime	1 day downtime	More than one day downtime	More than one week downtime