 **Health and Safety Reporting Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Incident | Hazard | Complaint | Suggestion for Improvement |

**Event Subtype:**

|  |  |  |  |
| --- | --- | --- | --- |
| Environment | Equipment/Asset Damage | External Performance | Financial |
| Injury or Illness | Internal Performance | Near Miss | Non Work Injury |
| Non Conformance | Security | Vehicle Interaction | Violation |

**Business Unit:**

**Reported By:** **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reported To:**  **Date Reported:**\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Date of Event:**\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Time of Event:**  :

**Specific Location of Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Responsible Organisation (who do you work for?):**

**Event Statement:**

**Describe** **the** **Event** **in** **Sufficient** **Detail:**

**Immediate** **Corrective** **Action** **Taken:**

**Participants/Witnesses:**

**Actions:**

|  |  |  |
| --- | --- | --- |
| **Action details** | **Due Date** | **Person Responsible** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***(Please complete this page ONLY if an injury occurred)***

**Injured Person Name:**

**Hours Worked Prior to Injury:**

**Treatment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| None | First Aid | Doctor | Hospital | Other |



**Reporting Process:**

1. Complete this form
2. Hand over to Event Manager
3. Manager to provide a copy to Governance / Overseeing Manager and keep a copy on record

**\*\*if an injury has occurred, please notify your manager verbally or by email as soon as possible.**