Harmony Alliance Guides: Workplace Health and Safety (WHS)

Hazard/Incident Report Form



Hazard/Incident Report Form

Record all incidents on this Incident Report Form and report the incident according to the [insert your organisation name]'s Incident Reporting and Investigation Procedure.

Use this form in your workplace to report health and safety hazards and incidents.

Hazard/Incident

Brief description of hazard/incident: (Describe the task, equipment, tools of	and people	involve	d. Use ske	tches, if necessary. In	clude any action
taken to ensure the safety of those w	ho may be	affecte	d).		
Where is the hazard located in the wo	orkplace?				
When was the hazard identified?	Date: _	1	/	Time <u>:</u>	am/pm
		,	,		71
Recommended action to fix hazard/ir	ncident:				
(List any suggestions you may have t		g or elim	ninating th	e problem—e.g. re-de	esign mechanical
devices, update procedures, improve	e training, a	nd mair	ntenance	work)	
Date submitted by manager:	Date: _	1	/	Time <u>;</u>	am/pm



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Action Taken	
Has the hazard/incident been acknowledged by m	anagement? Yes/ No
Describe what has been done to resolve the hazard	d/incident:
Do you consider the hazard/incident fixed? Yes/ No	
Name:	Position:
Signature:	
Date:	

This Incident Report Form should be completed for all incidents including near-miss events and may also be used to report hazards. If the incident is a medium risk or above, an incident investigation form should also be completed. The form should be completed as soon as possible following the incident. If the person involved cannot complete the form it may be completed on their behalf. Once the form has been completed it should be reviewed by the supervisor or other responsible person as required by the organisation's Injury Management Program (if applicable).

SOCIAL POLICY GROUP

Action Takon