

Incident and Hazard Report – Physical and Psychosocial

Date of incident: ____ / ____ / ____ Time: ____ : ____ (am/pm)

Name of person reporting incident/hazard: _____

Date reported: ____ / ____ / ____

Witnesses _____

INJURED PARTY

Name of person injured (if applicable) _____

Activity in which the person was engaged at time of accident, near-miss or injury

Nature of injury – includes physical and psychosocial

Part of body injured (N/A if psychosocial)

TYPE OF INCIDENT OR HAZARD

- | | | |
|--|---|--|
| <input type="checkbox"/> Physical injury | <input type="checkbox"/> Psychological injury | <input type="checkbox"/> Hazard |
| <input type="checkbox"/> First aid | <input type="checkbox"/> Near-miss | <input type="checkbox"/> Property damage |
| <input type="checkbox"/> Medical treatment | <input type="checkbox"/> Notifiable incident | |

Hazard: a situation or thing that has the potential to harm a person, the environment or property

Incident: an unplanned event resulting in, or having the potential for injury, ill health, damage or other loss.

Injury: any physical or psychological damage caused by exposure to a hazard

Near-miss: an incident that could have resulted in personal injury and / or damage to property

Notifiable incident: an employer must notify SafeWork SA of fatalities, serious injuries/illnesses (where the person is admitted to hospital) or dangerous incidents that occur at work as a result of conducting the business

INCIDENT DETAILS

Location of the incident or hazard

Description of incident or hazard

What factors contributed to the incident or hazard?

1.

2.

3.

4.

5.

6.

CORRECTIVE ACTIONS

What needs to happen?	By when?	Person responsible?

SIGN-OFF

_____/_____/_____
Name of person reporting Signature Date

_____/_____/_____
Supervisor's name Signature Date

_____/_____/_____
Manager's name Signature Date