

Hazard, accident and incident record

NOTES

- 1** This form is for workplace records only.
- 2** Check your state or territory WHS legislation for legal requirements and procedures for reporting accidents.
- 3** Employees must immediately report to supervisors all accidents, incidents, near misses or hazards.
- 4** Attach additional information as required.

HAZARD, ACCIDENT OR INCIDENT DETAILS

This record is for a: **Hazard** **Accident** **Incident** (near miss)

Full description of how it occurred and any injuries:

Location:

When did the hazard, accident or incident occur:

Date

Time

Immediate action taken:

Employee name:

Employee signature:

Date:

Hazard, accident and incident record continued

FOLLOW UP

Detail follow up action taken/required:

Outcomes:

Action completed: Yes No

Employee name:

Signature:

Date: