

# INCIDENT/HAZARD REPORT FORM

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Report No:

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## Section 1: Reported by

Surname

Given Names

Address

Suburb

State

Postcode

Phone

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## Section 2: Hazard Details

*(Complete this section only if no injury or property damage has occurred)*

Describe the hazard that exists

Describe any action taken

Describe any suggestions to remove hazard

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## Section 3: Hazard Details

*(Complete this section only if an incident causes injury or property damage)*

Name of injured person/owner of damaged property

Address

Suburb

State

Postcode

Date of Incident

Time

Location

Describe how the incident occurred (list sequence of events preceding incident)

Details of injury or property damage sustained

Details of subsequent events (e.g. treatment given, name of doctor, name of hospital)

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#### Section 4: Declaration

I hereby declare the information provided above is true and correct.

Signed:

Date:

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#### Section 5: Investigation

*(Completed under the direction of the responsible officer or WHS Co-ordinator)*

Details of investigation *(Attach sheet if necessary with additional details)*

What corrective action was identified?

Who is responsible for completing the corrective action?

Target completion or review date (dd/mm/yyyy)

Signed Responsible Officer

Date corrective action completed (dd/mm/yyyy)

Signed WHS Co-ordinator

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#### Definitions:

**Incident:** Any event that gives rise to personal injury or damage to property, or has the potential to cause personal injury or property damage.

**Hazard:** Any physical condition that exists on the property that has the potential, if left unchanged, to cause personal injury or damage to property.