

INCIDENT AND HAZARD REPORT

Reported By:	Date of Report:
Title/Role:	Report Reference N°:

Incident or Hazard Information			
Date of Event:	Time of Event:		
Report Type:	Minor	Major	Hazard
Specific Area of Location <i>(if applicable)</i> :			

Contact of Parties Involved		
Name	Role	Contact Number

Contact of Witnesses		
Name	Role	Contact Number

DETAILS OF THE INCIDENT (including any injury) **An incident in a workplace is an event that results in injury or harm.**

Description of Incident (what happened, how it happened, factors leading to the event, etc.) **Be as specific as possible.**

DETAILS OF INJURY OR ILLNESS (An injury is damage to your body)

Was the individual injured? If so, describe the injury (laceration, sprain, etc.) **what caused it** (e.g. fall, slip, trip), **the part of body injured** (e.g. Back, left forearm), **and any other information.**

DETAILS OF THE HAZARD (a hazard is a potential source of harm).

Where is the hazard? Describe the hazard and its possible risk e.g. Boxes stacked precariously in store room.

FOLLOW-UP ACTION

OTHER RELEVANT INFORMATION

General Manager Name:

General Manager Signature:

Date: