

Safety Incident and Hazard Report Form

All incidents must be reported prior to the employee leaving the worksite, or within 24 hours of the incident occurring. Report serious incidents immediately to Searson Buck on 03 6223 3055.

Ensure you complete ALL SECTIONS of form, and email completed form to safety@searsonbuck.com.au

What are you reporting?		Incident	Hazard		
Injury	Near miss	Serious illness	Physical	Environmental	Chemical
Property damage		Report only	Ergonomic	Systems	Biological

Name of injured person

Email:

Address:

DOB:

Phone:

On-hired worker

Contractor

Visitor

Position/role:

Client/host employer:

Supervisor/contact name:

Incident/Hazard details

Date:

Time:

AM

PM

Address/location of incident/hazard:

Date notified:

Person notified:

Details of injury or illness

(Include type and location of injury – i.e. cut to right index finger or pain in left side of lower back)

Details of incident/hazard

(Include details of task being performed, and a sequence of events. Use back of page if necessary)

Tools/equipment involved in the incident:

Incident related property damage:

PPE being worn at the time?

Safety glasses

Safety footwear

Gloves

Hard hat

Other

N/A

Environmental/weather conditions at the time:

Have you done this task before? (provide details):

Yes

No

N/A

What may have caused the incident / hazard?

Do you have any suggestions for fixing the problem or preventing a repeat?

Witnesses to incident

Permission to contact

Name: Contact:
 Name: Contact:

Treatment

Level of treatment: No treatment First Aid Medical Treatment Doctor
 Name of Doctor or hospital:
 Workers Compensation Medical Certificate received and forwarded: Yes (attached) No
 Further treatment recommended: Yes No
 Treatment details:

Details of incident/hazard - additional space

(Include details of task being performed, and a sequence of events)

Employee:

Employee name: Date of report:
 Employee signature:

Supervisor:

Initial controls put in place to prevent further injury or illness. Yes No
 Supervisor name: Position/role:
 Supervisor signature: Date:

Send completed form to safety@searsonbuck.com.au