

SAFETY INCIDENT & 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: Injury Near Miss Serious Illness Hazard (select below) Property Damage Report only
Hazard: Physical Environmental Chemical Ergonomic Systems Biological

Date of incident:	Time of incident:
Date of report:	Person/s notified:
Client / Host Employer:	Date notified:
Address / Location where incident occurred:	Supervisor / Contact name:

PERSONAL DETAILS:

Name:..... Date of Birth:.....
Address:..... Email Address:.....
Phone:.....
 SB Internal employee On-hired worker Contractor Visitor
Position / assignment title:

INCIDENT DETAILS:

DETAILS of INJURY or ILLNESS:

(include type and location of injury – left, right, front, back etc)

DETAILS of INCIDENT / HAZARD:

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

What Tools / Equipment were involved in the incident?

Any incident related property damage?

PPE being worn at the time? Safety Glasses Safety footwear Gloves Other n/a

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

Witnesses to incident:

Permission to contact?

Name:..... Phone:.....
Name:..... Phone:.....

What may have caused the incident / hazard?

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

TREATMENT:

Level of Treatment: No treatment First Aid Medical Treatment (GP) Medical Treatment (Hospital)

Treatment details:

Employee Signature:

SUPERVISOR:

Initial controls put in place to prevent further injury or illness:

Supervisor Signature: **Date:**

Send completed form to safety@searsonbuck.com.au