Incident Report (2 – pager) Incidents that: a) caused harm of severity rating 3-, b) were Near Misses with potential severity rating 3-, & c) any others as required,

Once completed this form will be signed off by Xxx & reviewed by the Safety Manager.

Female/Male/other

Incident Number: _____

Potential / Harm / Damage (strikeout)

of Severity Rating: 5 4 3 2 1

1

2

3

Type of Injury / Illness (tick one or more)

Abrasion	Cardiac	Gastro-intestinal
Allergy	Concussion	Hyperthermia (hot)
Asthma	Fatigue	Hypothermia (cold)
Burn	Fracture	Sprain/strain
Other (detail)		

Role:

Age:

Contact #:

Person(s) compiling this report:

Name(s):

Who was involved in the incident:

Name(s):

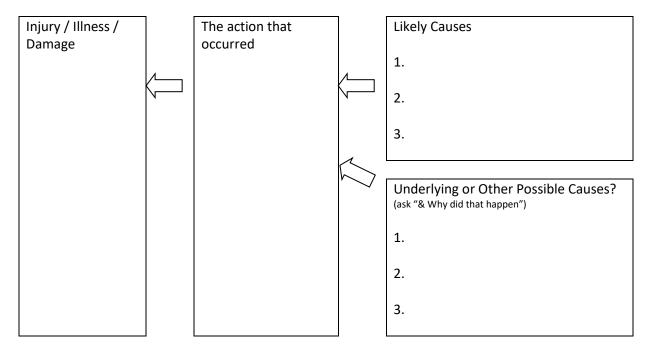
Witness?:

Name:

Activity/Location::

Narrative: (Description of events leading up to & following the incident, plus any detail re/ conditions etc)

Causal Sequence



What could you have done to prevent reoccurrence?

What else could be done to prevent reoccurrence?: (eg/ staff training, SOPs etc)

Complete this bit with your Supervisor:							
	Recommended action	Who by / When					
	1.						
	2.						
	3.						
	Discuss / follow up with:	Staff Involved?	Dept Meeting?	All Staff?			
	Sign off (initial as completed):			Reviewed by			
	Manager:	Date:		Safety Manager:	Date:		