

# Incident Report (2 – pager)

- 1 All incidents to be reported to Xxx as soon as practical.
- 2 Xxx decides whether a 2- pager report is required, eg. Incidents that: a) caused harm of severity rating 3-, b) were Near Misses with potential severity rating 3-, & c) any others as required,
- 3 Once completed this form will be signed off by Xxx & reviewed by the Safety Manager.

Date: \_\_\_\_\_

Incident Number: \_\_\_\_\_

Potential / Harm / Damage (strikeout) of Severity Rating: 5 4 3 2 1

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)					

Person(s) compiling this report:

Name(s):

Role:

Who was involved in the incident:

Name(s):

Age:

Female/Male/other

Witness?:

Name:

Contact #:

Activity/Location::

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

## Causal Sequence

Injury / Illness / Damage	The action that occurred	Likely Causes  1.  2.  3.
		Underlying or Other Possible Causes? (ask "& Why did that happen")  1.  2.  3.

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 actions

- 1.
- 2.
- 3.

### Who by / When

Discuss / follow up with: Staff Involved?

Dept Meeting?

All Staff?

**Sign off** (initial as completed):

**Reviewed by**

Manager:

Date:

Safety Manager:

Date: