

FRM-2.11 Incident Report Form

Part A – Occurrence Details (please tick one or more of the following)						Report No.:				
Injury		Hazard		Near Miss		Property Damage		Environmental		CCTV Reference:

Name of person making report: _____ **Report date:** _____

Brief description of occurrence/hazard:

PART B – Injury details (To be completed by First Aider, If not an injury please proceed directly to PART C)	
Name of Injured person:	Age: _____ Sex: M F
Address & contact details:	Incident date: _____ Time: _____
Type of injury::	Treatment:
Cause:	Lost time:

PART C – Risk Assessment (To be completed for any hazard which resulted in the potential for injury, harm or damage in consultation with incident reporter)						
Consequence Description	Likelihood Description	Likelihood	Consequences			
			Major	Moderate	Minor	Insig.
Major Death or extensive injuries – damage	A Is expected to occur		H	H	H	M
Moderate Medical treatment or Moderate Damage	B Could probably occur		H	H	M	M
Minor First aid, Minor damage	C Could occur, only rarely		H	M	M	L
Insignificant No treatment or damage	D May occur, but probably never will	M	M	L	L	

PART D – Corrective Action (To be completed by supervisor where incident occurred in consultation)			
Hierarchy of Controls: ELIMINATION: (Remove hazard) ISOLATE: (barrier or fence) MINIMISE: (Reduce risk of occurrence)			
Action Taken / Recommended	Whom	When	When
1.			

