

HAZARD/INCIDENT/ACCIDENT REPORT FORM

**Who uses this form?**

Two people – the worker and his or her supervisor (from the host employer).

Purpose?

When a hazard, incident or accident occurs, record what happened, what investigations occurred, and what was done to prevent future injury or illness in relation to this incident or accident.

What should happen?

The host employer keeps the original and a copy is to be given to the labour-hire agency, to be kept in a file with the host employer's name on it.

PART A – To be completed by employee

Name of employee: Name Surname

Date: 01/01/05

Time of incident / accident: Job Title

Supervisor: Host/Employer/Manager Name

Work Area:

1. Describe the hazard / detail what happened – include area and task, equipment, tools and people involved.

2. Possible solutions / how to prevent recurrence – Do you have any suggestions for fixing the problem or preventing a repeat

PART B – To be completed by supervisor**3. Results of investigation – Determine whether the hazard is likely to cause an injury and explain what factors caused the event.**

PART C – To be completed by supervisor**4. Action taken – Supervisor to identify actions to prevent injury or illness.**

ACTION	RESPONSIBILITY	COMPLETION DATE
4.1		
4.2		
4.3		
4.4		
4.5		

Feedback has been provided to person who reported the hazard / incident / accident.

**Employee representative
(health and safety representative)**

Name Surname

Date: 01/01/05

Business Manager

Name Surname

Date: 01/01/05