

# Occupational Health & Safety INCIDENT / NEAR MISS/HAZARD FORM

- Sections 1 through to 7 to be completed fully when reporting an incident
- Sections 1 & 2 to complete for a Near Miss or Hazard Report.
- To place a cross in a shaded square, under heading "default value" select "checked" and click ok. To take the cross off, repeat process and select "not checked" a click ok.)
- To write in a shaded rectangle click in box and type text.

<b>SECTION 1: DETAILS OF PERSON INVOLVED IN INCIDENT OR REPORTING A NEAR MISS OR HAZARD</b>		Incident number (Risk management to complete)
EMPLOYEE <input type="checkbox"/> or CONTRACTOR <input type="checkbox"/> or VOLUNTEER <input type="checkbox"/>		
Employee Directorate: (or Directorate responsible for contractor/volunteer)		
Infrastructure <input type="checkbox"/>	Sustainability <input type="checkbox"/>	Organisation <input type="checkbox"/> Community <input type="checkbox"/> Business <input type="checkbox"/>
Name:		
Address:		Postcode:
<b>Section 2: (Tick one)</b>		
INCIDENT An injury occurred <input type="checkbox"/>	NEAR MISS While performing a task but had no injury <input type="checkbox"/>	HAZARD Task or object that could cause an injury <input type="checkbox"/>
Date:	Date reported:	Incident time:
Location where incident occurred or hazard located:		
Who was the incident/Hazard reported to:		
Detailed description of Incident / Near Miss / Hazard.		
<b>DRAW PICTURE IF REQUIRED</b>		
Signature of person involved in incident:		
<b>Section 3: WORKSAFE VICTORIA-NOTIFIABLE INCIDENT</b>		
In accordance with WorkSafe Victoria requirements where a serious injury or incident occurs.		
For detailed requirements on what incidents must be reported to WorkSafe: Refer procedure: <i>Accident / Incident and Near Miss Reporting Procedure - 46.PRO3.7. M10/105068</i>		
Is this a Victorian WorkSafe Authority reportable Incident? Yes <input type="checkbox"/> No <input type="checkbox"/>		
WorkSafe Notification No:	Date WorkSafe notified	Time WorkSafe notified
<b>Report WorkSafe Notifiable incidents to manager immediately.</b>		

# Occupational Health & Safety

## INCIDENT / NEAR MISS/HAZARD FORM

### Section 4 SUSPECTED CAUSE

Trip / Fall / Slip	<input type="checkbox"/>	Motor Vehicle	<input type="checkbox"/>	Chemical	<input type="checkbox"/>
Manual Handling	<input type="checkbox"/>	Entanglement	<input type="checkbox"/>	Incident involving Plant	<input type="checkbox"/>
Fall from Heights	<input type="checkbox"/>	Involving animal	<input type="checkbox"/>	Psychological Incident	<input type="checkbox"/>
Electric shock	<input type="checkbox"/>	Hit by Machinery	<input type="checkbox"/>	Dropping of item	<input type="checkbox"/>

Other

### Section 5 LOCATION OF INJURY

Head	<input type="checkbox"/>	Foot	<input type="checkbox"/>	Eye	<input type="checkbox"/>
Body Front	<input type="checkbox"/>	Leg	<input type="checkbox"/>	Arm	<input type="checkbox"/>
Body Back	<input type="checkbox"/>	Ankle	<input type="checkbox"/>	Hand / Wrist	<input type="checkbox"/>
Neck	<input type="checkbox"/>				

Other

### Section 6 INJURY SUSTAINED

No Injury	<input type="checkbox"/>	Break	<input type="checkbox"/>	Internal Injuries	<input type="checkbox"/>
Laceration	<input type="checkbox"/>	Strain	<input type="checkbox"/>	Bruising	<input type="checkbox"/>
Burn	<input type="checkbox"/>				

Other

### Section 7 WHAT TREATMENT LEVEL WAS REQUIRED?

Nil  Hospital Treatment  First Aid  Doctor

Other

<b>STEP 1</b>	Person involved in incident to complete Incident Near miss form.
<b>STEP 2</b>	Completed Incident/Near Miss form to be given to your immediate supervisor.
<b>STEP 3</b>	Supervisor to trim to 46/544/0015 and workflow to OHS Advisor and other relevant staff within workgroup as required within 5 working days of incident.
<b>STEP 4</b>	Incident to be investigated by a GSCC responsible person or investigation team and Hazard Corrective Action Form (M10/102398) to be completed.
<b>STEP 5</b>	Trim Hazard Corrective Action Form to 46/544/0015 and workflow to OHS Advisor and other relevant staff within workgroup as required.
<b>STEP 6</b>	Hard copies to OHS Advisor

Damage to plant and vehicle is to be reported using:  
*Public Assets Plant Incidents Report Form M11/53744*