



WHS UNIT

HAZARD / INCIDENT REPORT FORM

Part A – Form Details

Person Reporting The Incident		<input type="checkbox"/> Confidential
Person Type: <input type="checkbox"/> Casual <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Part-time <input type="checkbox"/> Student P/G <input type="checkbox"/> Student U/G <input type="checkbox"/> Visitor		
First name:	Surname:	
Email:	Job Title:	
Faculty/Division:		
Unit:		
Report to be Sent to		
Supervisor:		
Additional Supervisor(s):		
Send Report Externally: Email 1: _____ Email 2: _____		
Incident Details		
Incident Type: <input type="checkbox"/> Incident – With Injury <input type="checkbox"/> Incident – Without Injury <input type="checkbox"/> Hazard <input type="checkbox"/> Near Miss		
Description of Incident/Hazard:		
Date of Incident/Hazard:	Time of Incident:	Date Reported:
Reported To:		
Location of Incident/Hazard:	Building:	Room:
Specific Location:		

Part B – Injury Details: Only complete for 'Incident – With Injury'. Otherwise proceed directly to Part C.

Injured Person	
Person Type: <input type="checkbox"/> Casual <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Part-time <input type="checkbox"/> Student P/G <input type="checkbox"/> Student U/G <input type="checkbox"/> Visitor	
First name:	Surname:
Email:	Phone:
Level of Treatment: <input type="checkbox"/> Report only <input type="checkbox"/> First Aid <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Intend to Seek Medical Treatment <input type="checkbox"/> Lost Time Injury	
Name of First Aider or Treatment Provider:	
Nature of Injury: <input type="checkbox"/> Cut <input type="checkbox"/> Bruising <input type="checkbox"/> Bite/Sting <input type="checkbox"/> Burn <input type="checkbox"/> Crush <input type="checkbox"/> Dislocation <input type="checkbox"/> Other	
Body Location:	
Mechanism:	
Agency:	
Description of Illness/Injury:	

Specific task being performed at time of Incident/Injury:

Description of Treatment Provided:

Name of UOW First Aider:

Name of Treatment Provider: Name:

Phone:

Part C: Corrective Actions

Contributing Factors

Details:

- Lack of or inadequate plant/equipment
- Lack of or inadequate procedures/instructions
- Lack of or inadequate training
- Lack of or inadequate management/supervision
- Inappropriate or inadequate work environment
- Inappropriate actions and/or behaviour
- Lack of or inadequate management system
- Other

Cause of Incident/Hazard:

Risk Assessment

Consequence Minor Moderate Major Severe
 Likelihood Unlikely Possible Likely Almost Certain



High
 Medium
 Low

		CONSEQUENCES			
		Minor	Moderate	Major	Severe
LIKELIHOOD	Almost Certain	M	M	H	H
	Likely	L	M	H	H
	Possible	L	L	M	H
	Unlikely	L	L	M	M

NOTE: For 'Medium' or 'High' risk incidents, at least one corrective action must be completed.

Corrective Actions

Control Type: Elimination Substitution Isolation Engineering Administration PPE

Corrective Action/s Description:

Person Responsible:
Action/s completed: <input type="checkbox"/> Yes <input type="checkbox"/> No, target date for completion:

NOTE: Please ensure this report is entered into SafetyNet at the earliest convenience
<http://staff.uow.edu.au/ohs/index.html>