

**INCIDENT / HAZARD / NEAR MISS REPORT***Completed form must be forwarded to the OH&S within 24 hours***DETAILS OF PERSON INVOLVED IN INCIDENT / HAZARD / NEAR MISS (TO BE COMPLETED BY EMPLOYEE)**

Name of Client: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street No. &amp; Name: \_\_\_\_\_

Suburb: \_\_\_\_\_ Telephone: \_\_\_\_\_

**INCIDENT / HAZARD / NEAR MISS DETAILS**

Date of Incident / Hazard / Near Miss: \_\_\_\_\_ Time: \_\_\_\_\_

**Location of Incident / Hazard / Near Miss**

Street No. &amp; Name: \_\_\_\_\_

Suburb: \_\_\_\_\_

Other Details: \_\_\_\_\_

\_\_\_\_\_

Nature and Cause of Injury / Property Damage / Hazard / Near Miss: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this the first advice of the incident? Yes  No If **No**, when was the incident first brought to attention? Date: \_\_\_\_\_

How? (eg telephone, letter, visited Office): \_\_\_\_\_

By whom?: \_\_\_\_\_

Name and address of other party / witness involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Officers Name: \_\_\_\_\_

Date Report Completed: \_\_\_\_\_

