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| --- |
| Hazard/ Incident/ Near Miss/ Complaint Form |

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| --- | --- |
| **1 WHERE AND WHEN** | |
| Location: |  |
| Date: |  |
| Time: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2 TYPE OF INCIDENT (please tick all that are applicable)** | | | |
| Hazard |  | Incident |  |
| Near Miss |  | Dangerous occurrence |  |
| Complaint |  |  |  |
| Other (please specify) | | | |
| **THE INCIDENT** | | | |
| (Description). | | | |

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| **3 Insert Photos or Add Sketch of Incident** |
|  |

|  |
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| **4 Has a manager/ supervisor has been informed?** |
| Issued to appropriate manager/ supervisor: (Yes/No) |
| Name: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5 PERSONS INVOLVED/AFFECTED** | | | | | | | | |
| Employee |  | | | | Occupation | |  | |
| Contractor |  | | | | Company Name | |  | |
| Visitor |  | | | | Host | |  | |
| **Details of person involved/affected** | | | | | | | | |
| Name |  | | | | | | | |
| Male |  | Female |  | Prefer Not to Say | |  | |  |
| Date of Birth |  | | | | | | | |
| Address |  | | | | | | | |
|  |  | | | | | | | |
| Postcode |  | | | | | | | |
| Phone (home) |  | | | | | | | |
| Phone (work) |  | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5 PERSONS INVOLVED/AFFECTED (continued or witness)** | | | | | | | | |
| Employee |  | | | | Occupation | |  | |
| Contractor |  | | | | Company Name | |  | |
| Visitor |  | | | | Host | |  | |
| **Details of person involved/affected** | | | | | | | | |
| Name |  | | | | | | | |
| Male |  | Female |  | Prefer Not to Say | |  | |  |
| Date of Birth |  | | | | | | | |
| Address |  | | | | | | | |
|  |  | | | | | | | |
| Postcode |  | | | | | | | |
| Phone (home) |  | | | | | | | |
| Phone (work) |  | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5 PERSONS INVOLVED/AFFECTED (continued or first aider)** | | | | | | | | |
| Employee |  | | | | Occupation | |  | |
| Contractor |  | | | | Company Name | |  | |
| Visitor |  | | | | Host | |  | |
| **Details of person involved/affected** | | | | | | | | |
| Name |  | | | | | | | |
| Male |  | Female |  | Prefer Not to Say | |  | |  |
| Date of Birth |  | | | | | | | |
| Address |  | | | | | | | |
|  |  | | | | | | | |
| Postcode |  | | | | | | | |
| Phone (home) |  | | | | | | | |
| Phone (work) |  | | | | | | | |

|  |  |
| --- | --- |
| **6 About you filling out the form** | |
| **Name:** |  |
| Number: |  |
| Address: |  |
| Postcode: |  |
| Shift: |  |
| Phone (home) |  |
| Phone (work) |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7 Below section to be completed by Manager** | | | | | | | | | |
| **Severity of Incident:** | | | | | | | | | |
| **None** |  | | **Minor** | |  | **Moderate** |  | **Major** |  |
| **Witness Statement:** | |  | | | | | | | |
| **Witness Statement:** | |  | | | | | | | |
| **First Aid Statement:** | |  | | | | | | | |
| **RIDDOR Reportable** | | | **Y/N** | **RIDDOR Incident Number** | | | |  | |

|  |  |
| --- | --- |
| **8 REMEDIAL ACTIONS TAKEN IMMEDIATELY AFTER INCIDENT TO MAKE AREA SAFE – TO STOP INCIDENT FROM OCCURRING AGAIN. (SHORT TERM ACTIONS)** | |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 |  |
| 10 |  |

**Name:**

**Signed:**

**Date:**