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| Hazard/ Incident/ Near Miss/ Complaint Form |

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

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| **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:  |

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| **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) |  |

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| **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) |  |

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| **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) |  |

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

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| **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** |  |

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| **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:**