Raffles
COLLEGE OF DESIGN

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Injury, Incident and Hazard Report Form

Select: ☐ **Injury** ☐ **Incident** ☐ **Hazard**

Important:
- This completed form must completed **within 24 hours** of an incident occurring.
- Serious incidents and injuries must be reported by phoning IMMEDIATELY after occurrence.

1. DESCRIPTION What happened or what could happen? What was or is the activity? What factors made or do make it hazardous?	**Date of occurrence:**		**Time:**	
	Location: ☐Ground ☐ Level 4 ☐ Level 5 ☐ Level 6 ☐Other : *(If other please advise location of Hazard/Incident)*			
	Details: *(See over page and/or attach pages if needed)*			

2. WHO WAS INVOLVED The person who noticed the hazard, was injured, who was otherwise concerned.	**Name:**		**Telephone:**	
	Tick one ☐Employee ☐Visitor ☐Contractor ☐Other			
	Were they injured? *Please tick* ☐ **Yes** *or* ☐ **No** *If yes, please ensure you complete step 3.*			

Please list any other people who were involved

Name	Telephone	Name	Telephone

3. INJURY DETAILS Describe the physical or psychological injury/illness that resulted from the incident	**Details about the injury.** *For example: sprained right wrist; laceration left ankle; anxiety*
	What medical assistance was required? *(Please tick all that apply)* ☐ None ☐ First Aid ☐Doctor ☐Medical Centre ☐Ambulance ☐Hospital ☐ Other
	Did the injury cause the worker to lose a full shift or more? *Please tick* ☐Yes *or* ☐No

4. CORRECTIVE ACTIONS What can/will be done to address the hazard/ prevent future incidents/injuries of this kind	*For example: Can the hazard be eliminated, substituted, isolated or minimised? Could work be rearranged or work practices changed so they are safer? What training, better supervision, induction or PPE would help?*	
	Name of person taking action:	Due-by date:

5. PERSON REPORTING	**Name**	**Signature**	**Date**

REFER REPORTING FORM TO MANAGER. MANAGERS RESPONSE REQUIRED ON NEXT PAGE

6. **MANAGER'S DETAILS AND RESPONSE**	**Comments/Further Action required:**		
	Name	Signature	Date

7. FORWARD THIS FORM TO HUMAN RESOURCES

Date forwarded: Forwarded by: ☐Fax ☐Email ☐Telephone

Please use this space to provide more information:

8. **WHS USE ONLY**	*Date Received*	*Reference/Register Number*	*Date Reported to Insurer or N/A*	*Date Completed/Filed*
	Comments/Further Action:			