



# INCIDENT / HAZARD REPORT FORM

Form No:	WHS013.2
Page No:	1 of 1
Last Updated:	28 August 2017
Form Ownership:	Risk/HR
Relevant Procedure:	WHSPR2.1

## Notifier's Details

Employee	Volunteer	Contractor	Visitor	Other
First name:		Surname:		
Contact Details:				
Department/ Contractor Company:				

## Incident/Hazard Details

Incident Type:	Near Miss	Injury/Illness	Property Damage	Hazard	
Date of Incident/Hazard:		Time of Incident/Hazard:			
Location of Incident/ Hazard:	Council Office PMCC	Airport Saleyards	Depot – MG Depot – PM	Public Building Public Road	Other
Exact Location:					
Description of Incident/Hazard:					
Immediate action (if any) taken to prevent the further incident					
Witness(es) Name:		Phone:			

## Injury/Illness Details

Name of Injured/ Ill Person				
Treatment:	Report Only	First Aid	Medical Treatment	Lost Time
Description of Injury/Illness:				
Description of Treatment:				
First Aider / Medical Provider:			Date of Treatment:	

## Signature

Signature: (person completing form)	Date:
--	-------