

INCIDENT & HAZARD REPORT



This form must be completed for any incident involving INJURY, ILLNESS, PROPERTY DAMAGE OR LOSS or the potential for such to occur. Return the completed form via the head of department to the OH&S Section within 24 hours.

Incidents involving actual or potential serious injury must be reported immediately to the OH&S Section.

Date of incident: / /	Day of incident:	Time of incident:
Location of incident or hazard Include exact location and type of premises		
Nature of incident or hazard 1. What were you doing at the time? 2. How did the incident occur? 3. Describe the hazard 4. Describe the property stolen / lost / damaged		
<i>Further information on investigations may be obtained from the OHS Section</i>		

INJURED PERSON <i>(if applicable)</i>	Name:	Date of birth: / /
	Address:	Gender M / F
	Staff Student Visitor Contractor Other:	Phone: Home: Business / Mobile:
	School / Department:	
	Injuries:	
	Date ceased work: / /	
	Medical attention given: First Aid Clinic Hospital Private physician	
WITNESSES	Name: 1. 2.	Phone: 1. 2.
Name of person making report: (Print)	Signed:	Date: / /

TO BE COMPLETED BY SUPERVISOR. THE HEAD OF SCHOOL / DEPARTMENT OR SECTION MUST SIGN OFF.

(IMPORTANT: Please ensure 1. and 2. are completed)

1. Preventative action taken:

2. Actions Completed: Yes No If No, date for completion .../.../.....

Head of School:	Signed:	Date: / /
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Office use only: Copies to: OH&S Insurance Security Case Closed /.../..... Initial