

SAFETY INCIDENT & HAZARD REPORT FORM

All incidents must be reported prior to the employee leaving the worksite, or within 24 hours of the incident occurring.

Report serious incidents **immediately** to Searson Buck on **03 6223 3055**.

Ensure you complete ALL SECTIONS of form, and email completed form to safety@searsonbuck.com.au

WHAT ARE YOU REPORTING?

Incident: Injury Near Miss Serious Illness Hazard (select below) Property Damage Report only

Hazard: Physical Environmental Chemical Ergonomic Systems Biological

PERSONAL DETAILS:

Name:..... Date of Birth:.....

Address:..... Email Address:.....

Phone:.....

SB Internal employee On-hired worker Contractor Visitor

Position / assignment title:

Client / Host Employer: Supervisor / Contact name:

INCIDENT DETAILS:

Date of incident:	Time of incident:	Date of report:
Person/s notified:	Date notified:	
Address / Location where incident occurred:		

DETAILS of INJURY or ILLNESS:

(Include type and location of injury – left, right, front, back etc)

DETAILS of INCIDENT / HAZARD:

(Include details of task being performed, and a sequence of events. Use back of page if necessary)

Tools / Equipment involved in the incident:

Incident related property damage:

PPE being worn at the time? Safety Glasses Safety footwear Gloves Hard Hat Other n/a

Environmental / weather conditions at the time:

Have you done this task before? (provide details):

What may have caused the incident / hazard?

Do you have any suggestions for fixing the problem or preventing a repeat?

Witnesses to incident:

Permission to contact?

Name:..... Phone:.....

Name:..... Phone:.....

TREATMENT:

Level of Treatment: No treatment First Aid Medical Treatment (GP) Medical Treatment (Hospital)

Treatment details:

EMPLOYEE SIGNATURE:

SUPERVISOR:

Initial controls put in place to prevent further injury or illness:

Supervisor Signature: Date:

Send completed form to safety@searsonbuck.com.au