

# Hazard/incident report form



This template can be used by both the employee and host to record any hazards or incidents in the workplace.

## Part A – to be completed by employee

Name of employee	Date	Time of hazard/incident
<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor	Work area	
<input type="text"/>	<input type="text"/>	

1. Describe the hazard/detail what happened – include area and task, equipment, tools and people involved.

2. Possible solutions/how to prevent recurrence – do you have any suggestions for fixing the problem or preventing a recurrence?

## Part B – to be completed by supervisor

3. Results of investigation – determine whether the hazard is likely to cause an injury and explain what factors caused the event.

## Part C – to be completed by supervisor

4. Action taken – supervisor to identify actions to prevent injury or illness.

Action	Responsibility	Completion date
4.1	<input type="text"/>	<input type="text"/>
4.2	<input type="text"/>	<input type="text"/>
4.3	<input type="text"/>	<input type="text"/>
4.4	<input type="text"/>	<input type="text"/>
4.5	<input type="text"/>	<input type="text"/>

Feedback has been provided to person who reported the hazard/incident.

Employee representative (health and safety representative)	Date
<input type="text"/>	<input type="text"/>
Business manager	Date
<input type="text"/>	<input type="text"/>