**Incident Report Form**

An incident can be defined as

* any injury to a person, or
* damage to plant or property, or
* a “near-miss” where there was potential for injury or damage.

What is an Incident Report Form used for?

It is important to develop a strong culture of incident reporting, no matter how minor, as all reported incidents should be used as valuable lessons in how to prevent a recurrence.

An investigation should concentrate on identifying what actions or events led to the incident, and to identify strategies to ensure that the incident is addressed and controlled. Outcomes of investigations will strengthen the safety systems and methods of work within a company.

Information to be completed on an Incident Report Form is:

* What was the Incident/near miss?
* Where there any injuries? (Note: Any injuries require an [Accident Report Form](#AccidentReportExplained) to be completed)
* Was there any damage to property or plant?
* What caused the incident? (List what factors you feel led to the incident. Possible causes are, lack of training, ineffective guarding, poor systems of work, miscommunication, poor housekeeping, lack of maintenance, or inexperience.)
* What actions will be taken to eliminate future repeats of the incident? Look at adopting the “[Hierarchy of Control](#Hierachy)” method to decide what action to take to prevent the incident happening again
* Management comments.

Management must ensure that the incident:

* has been discussed with all parties involved
* has been controlled to a level acceptable by all parties involved
* has not created any new issues
* can be considered as controlled and able to be signed off as closed

**NOTE:** The template provided can be used for all incidents, however it is important to check with your state regulatory body requirements and/or Insurer as to the legal requirements for reporting “serious and notifiable incidents”.

**EMPLOYEE DETAILS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INJURY DETAILS**

**Is this a Work-related injury? Yes/No**

Date of accident: \_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_ Date Reported: \_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_

Date ceased work: \_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time lost (to date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time lost (anticipated overall) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Treatment required:**

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**What was the Incident/near miss?**

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**Where there any injuries? (Note: Any injuries require an Accident Report Form)**

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 **Was there any damage to property or plant?**

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 **What caused the incident?**

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 **What actions will be taken to eliminate future repeats of the incident?**

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 **Management comments**

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Signed off by management when corrective actions have been adopted and monitored.

**Management Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Sign off:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_