

Incident / Hazard Report

Company: Due North Gardens	Incident Report Number:
Date and time of incident:	
Reported by: Name: Position: Phone:	
Location of the incident / hazard:	
Description of Incident (what happened?) / Hazard:	
What immediate action did you take?	
Is this a notifiable Incident to WorkSafe? YES / NO	
Name of Witnesses (attach witness statements if applicable): 1. Witness 2. Witness	

Details of Injured Persons (circle): Franchisee / Franchisee Colleague / Contractor / Member of Public / Other:

Describe the type of injury:

Name of Injured Person/s: Company (if contractor)

Who did you report this incident / hazard to?

Name:

Date:

Time:

What contributing factor/s caused the incident to occur?

1.

2.

3.

What can be done to stop the incident happening again / control the hazard?

	Actions Required	Person Responsible	Due Date
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1.			
2.			
3.			

Close out Comments

Name:

Date:

Signature:

Position