



SAFETY INCIDENT REPORT FORM

1. This form is to be filled in by the trainer, contractor or staff member for all reported safety incidents, whether or not an accident or injury occurs.
2. The form must be forwarded to the Director or nominated officer for information and action immediately.
3. Attach further details to this report if required.
4. Ring the Director once the immediate incident has been attended to if the matter is a serious incident.

1. Date of Report _____

2. Form completed by (print name) _____

3. Details of safety incident reported:

What happened?

When did it happen, date and time?

Was anyone injured or hurt? If so give name and contact details.

How was incident reported to you and by whom? (If you did not see incident yourself)

4. What follow up action was taken?

5. What needs to be done now?

Report signed: _____

RESPONSE TO INCIDENT For use by Director or nominated officer only.

Date report received _____

Action to be taken

Signed: _____ Date: _____

Record of action taken

Signed: _____ Date: _____