

Incident/Hazard Investigation Report

Person Involved		
Full name:		Class ID:
DOB:	Contact phone:	
Address:		
<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor		
Incident/Hazard details		
<input type="checkbox"/> Work related <input type="checkbox"/> Injury/illness <input type="checkbox"/> Incident near miss		
<input type="checkbox"/> Hazard <input type="checkbox"/> Property damage <input type="checkbox"/> Other:		
Location:		
Time occurred:	Date occurred:	
What was the affected person doing? Describe the activity being undertaken at the time.		
What happened? Describe the incident/near miss as it occurred, or the hazard observed.		
What happened next? Describe the follow up actions.		
Witnesses Where applicable.	Name:	Ph:
	Name:	Ph:



Person making report

PRINT
name:

Date:

Signature: _____

Contact
phone:

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PRINT
name:
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Date:

Signature:

Contact
phone:

List any short-term actions that have been implemented to control the risk of a repeat:

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What further actions need to be taken to control the risk?

Risk control	Action to be taken	By whom	By when
Elimination <i>Eg. Discontinue use of product or process</i>			
Substitution <i>Eg. Replace with similar item to do same job with lower hazard level</i>			
Isolation <i>Eg. Put a barrier between the person and the hazard</i>			
Engineering Controls <i>Eg. Change the process, equipment or tools so the risk is reduced</i>			
Administration Controls <i>Eg. Guidelines, procedures, rosters, training, etc. to minimise the risk</i>			
Personal Protective Equipment <i>Eg. Equipment worn to provide a temporary barrier</i>			

FiT Management Representative	
PRINT name:	Date:
Signature:	Contact phone: