

# Incident Report Form

This document is for internal use only. It is used to promptly document any incidents that may require reporting. Please ensure all required fields are accurately completed and all relevant details are provided.

**Contact:**

- Email: [info@bsnaustralia.com.au](mailto:info@bsnaustralia.com.au)
- Emergency: 02 8751 0869

**Your name Your Contact Number Position of person reporting**

First name	Middle name	Last name
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**Name of person involved in incident Date of Incident Time of incident**

First name	Middle name	Last name
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**Location of Incident Have you documented this incident Have you already reported about this incident? Who and When**

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**Assessment of the Incident's potential**

<input type="checkbox"/> Minor	<input type="checkbox"/> Moderate	<input type="checkbox"/> Major	<input type="checkbox"/> Critical/Notifiable Event
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**Describe the incident**

*The description should include who, what, where, how and when of the incident. People and equipment involved Attach any photos if relevant*

Write here
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**Immediate action(s) taken**

Write here
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**Details of harm or potential harm caused**

Write here
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What factors contributed to the incident? Please tick applicable box.

#### ENVIRONMENT

☐ Noise ☐ Layout/Design ☐ Lighting ☐ Dust/Fume ☐ Medications ☐ Slip/Trip Hazard ☐ Damaged or unstable floor

If other, please explain:

Write here

#### EQUIPMENT / MATERIALS

☐ Wrong Equipment for job ☐ Damaged or unstable floor ☐ Equipment failure ☐ Inadequate maintenance ☐ Inadequate guarding ☐ Material/ equipment too heavy/ awkward ☐ Inadequate training provided ☐ Inadequate training provided

If other, please explain:

Write here

#### WORK SYSTEMS

☐ Hazards not identified ☐ No / inadequate risk assessment conducted  
☐ No / inadequate safe work procedure ☐ No / inadequate controls implemented ☐ Hazard not reported ☐ Inadequate training / supervision

If other, please explain:

Write here

#### PEOPLE

☐ Procedure not followed ☐ Drugs/Alcohol ☐ Fatigue ☐ Change of Routine ☐ Lack of communication ☐ Time/ Procedure pressures ☐ Distraction/Duress

If other, please explain:

Write here

#### ACTIONS

Contributing factor (from above list)	What are we going to do to fix the problem?	Who and when

Please attach any relevant supporting documentation that substantiates the information provided in this incident form.