**attachment 91**

Hazard, Near Miss, Other Incident and Injury/Illness Report
(Register of Injuries) and Investigation Form

Complete relevant part(s) of the form and forward to employer as soon as possible.

**PART 1: NOTIFICATION OF HAZARD OR INCIDENT**

Name of person reporting the hazard, near miss or incident (optional): ……………………………………………...

Department: …………………………………………………………… Section: ………………………………………..

Hazard, near miss or incident location: …………………………………………………………………………………..

Date of incident: ………………………………………………………. Time of incident: ………. 🞏 AM 🞏 PM

Detailed description of hazard, near miss or incident – including all immediate and underlying
factors contributing to the incident.

Consider: (i) plant, machines, tools, equipment (ii) materials (iii) environment, physical layout (iv) people, knowledge, training, behaviour, culture, supervision (v) methods, procedures

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**PART 2: DETAILS OF ANY PERSON INJURED**

Surname of injured/ill person: ………………………………………... First name(s): …………………………………

Private address: …………………………………………………………………………………………………………….

Work location of injured person: ………………………………………………………………………………………….

Nature of injury/illness: ……………………………………………………………………………………………………

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Part of body injured: (tick applicable boxes)

🞏 Eye 🞏 Shoulder 🞏 Forearm/wrist 🞏 Chest

🞏 Ear 🞏 Upper arm 🞏 Abdomen 🞏 Knee

🞏 Head 🞏 Elbow 🞏 Groin 🞏 Leg

🞏 Neck 🞏 Hip 🞏 Internal organs 🞏 Ankle/foot/toe

🞏 Back 🞏 Other ………………………………………………………………………………………..

Incident type(s): (tick applicable boxes)

🞏 Slip, trip fall 🞏 Manual handling

🞏 Strike against object 🞏 Contact with chemicals

🞏 Struck by moving object 🞏 Biological affects

🞏 Climbing in or out of vehicle 🞏 Noise or vibration

🞏 Cut/stabbed by sharp object 🞏 Psychological stress

🞏 Contact with electricity 🞏 Other ………………………………………………………….

Treatment required: (tick applicable box)

🞏 None 🞏 First aid 🞏 Doctor 🞏 Hospital

🞏 Other …………………………………………………………………………………………………………………...

Outcome

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To be completed as soon as possible – depending upon risk level – by employer in consultation with employees.

**PART 3: INVESTIGATION AND PREVENTION**

To be completed by the manager or supervisor

Action taken/recommended to reduce risk or prevent reoccurrence.

Consider the contributing factors identified prior (i) plant, machines, tools, equipment (ii) materials
(iii) environment, physical layout (iv) people, knowledge, training, behaviour, culture, supervision
(v) methods, procedures

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Name (block letters) and signature Date

Action completed: 🞏 Yes 🞏 No If no, state anticipated completion date: …………………………………

H&S representative or relevant employee comments:

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Name (block letters) and signature Date

Employer representative and employer committee comments:

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