



OFFICE USE ONLY

Report No: 

# Incident/Hazard Report Form

Sections A and B are to be completed by the most senior staff member who witnessed the incident/hazard and/or the person to whom the incident/hazard was reported.

Please forward completed sections A and B to your manager within 24 hours.

## DEFINITIONS

**Incident** – an unplanned event resulting in, or having the potential for injury, damage or other loss.

**Hazard** (near miss) – a source or situation with a potential harm.

## SECTION A – REPORTING DETAILS

|                                |                |            |
|--------------------------------|----------------|------------|
| Person making report:          | Position:      | Time loss: |
| Type:                          | Date:          | Time:      |
| Person completing report form: | Office lodged: | Position:  |

## SECTION B – INCIDENT/HAZARD DETAILS

|                                      |                         |
|--------------------------------------|-------------------------|
| Date of incident/hazard:             | Time of incident/hazard |
| Location/address of incident/hazard: |                         |

|                                      |          |
|--------------------------------------|----------|
| Persons involved in incident/hazard: |          |
| 1.                                   | Position |
| 2.                                   | Position |
| 3.                                   | Position |

|   |                        |
|---|------------------------|
| Persons affected/who may be harmed by the incident/hazard:  |                        |
| ASW's history with the service user:  |                        |
| Service user's funding body:  | If other please state: |
| Please refer to DHS and Care Connect reporting requirements if the service user receives associated funding and has been affected by the incident/hazard. |                        |

|  |                        |
|--|------------------------|
| Type of incident/hazard if applicable: | If other please state: |
| Body part affected (if any):           |                        |

|                                 |                         |
|---------------------------------|-------------------------|
| Description of incident/hazard: |                         |
| Initial intervention:           | If other, please state: |

### Complete for motor vehicle accident

|   |  |
|---|--|
| Driver's name:                          | Licence number:  |
| Year, make and model of car:            | Registration number:                                     |
| Does the vehicle belong to DASSI?       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Details of any other vehicles involved: |  |

### Complete if incident was reported to police

|                  |          |
|------------------|----------|
| Name of officer: | Station: |
|------------------|----------|

|   |            |
|---|------------|
| Sign photocopy of this form and provide to employee as acknowledgement of notice of injury. | Signature: |
|---|------------|

Sections C and D are to be completed by the relevant manager within 24 hours of receipt of sections A and B. Section E is to be completed thereafter.

Please forward completed sections C and D to the Quality Officer within 24 hours for perusal and Section E thereafter.

### SECTION C – INVESTIGATION OUTCOME AND REQUIRED ACTIONS

Cause of incident/hazard risk assessment outcome (score):

|  |
|--|
|  |
|--|

Corrective actions/hazard control mechanism:

|  |
|--|
|  |
|--|

Additional actions (regarding duty of care):

|  |
|--|
|  |
|--|

Proposed validation process and date to be completed (regarding corrective actions/hazard control mechanism):

|  |
|--|
|  |
|--|

Name:

Position:

Date:

### SECTION D – VALIDATION OF CORRECTIVE ACTIONS/HAZARD CONTROL MECHANISM

Has the corrective action/hazard control mechanism been effective?

Yes

No

If no, what further action is to be implemented?

|  |
|--|
|  |
|--|

Name:

Position:

Date:

### SECTION E – STATUS OF INCIDENT/HAZARD

Status:

|  |
|--|
|  |
|--|

Name:

Position:

Date: