



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:
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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: