

INCIDENT AND HAZARD REPORT FORM

INSTRUCTIONS FOR USE

- This form is to be used to report incidents, injuries, illnesses and hazards. If an injury occurs, contact your Manager immediately.
- Complete the form and return a copy to ohshelpdesk@saiglobal.com within 48 hours.
- All corrective actions are to be entered into the Safety, Incident and Gift (SIG) system.

WORKER DETAILS

Name:			
Location:		Division:	
Worker Type:	Other (please specify):		

REPORT DETAILS

Report Type:			
Date: (incident occurred, or hazard identified)		Time: (incident occurred, or hazard identified)	
Person reported to:		Position:	
Date: (incident or hazard reported)		Time: (incident or hazard reported)	

INCIDENT REPORT (SKIP TO NEXT SECTION IF REPORTING A HAZARD)

What was the worker doing at the time? (e.g. driving to work, typing)			
Location of incident:			
Describe the injury and symptoms:			
Body part(s) involved:			
Treatment Required:	Other/describe:		
Name and address of Doctor/Hospital:			
Doctor Outcome:	Other:		

INCIDENT REPORT (FOR HAZARD REPORTS, SKIP TO NEXT SECTION)			
Date ceased work:		Time ceased work:	
Date resumed work:		Time resumed work:	
Witness Details: (Name /Contact details)			

HAZARD REPORT			
Describe the hazard:			
Location of hazard: (e.g. Level 9 kitchen)			
Potential Risks: (e.g. electrocution, trip)			
Risk Assessment Refer to WHS Risk Level Matrix	Consequence	+ Likelihood	=

MANAGER TO COMPLETE			
CORRECTIVE ACTION			
Suggested Corrective Action/s			
Person(s) responsible:		Estimated Completion Date:	

SIGN OFF			
Name of Person completing this form:			
Worker Signature:		Date:	
Manager Signature:		Date:	

OFFICE USE ONLY			
Actioned By:		Date:	
Incident Investigation Required:		Notifiable Incident:	
Report and associated actions entered into SIG:		SIG Report No:	