# WHS Hazard and Incident Report

This form is to be used by all Crew Members when reporting a workplace hazard, incident or near miss. Any serious illness or injury must be reported to a Plan2go Director immediately.

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| |  | | --- | | PART A - TO BE COMPLETED BY THE PERSON REPORTING | |
| *If you are completing the form on behalf of someone else complete their details below:*  // Personal details   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | | **Employee name:** |  | | | | **Position:** | [Enter employee job position] | | | | **Department:** | [Choose employee department] | | | | **Staff:** | Yes  No | **Contractor/Labour hire:** | Yes  No | | **Volunteer:** | Yes  No | **Visitor:** | Yes  No | | **Home address:** | [Click here to enter address] | | | | **Email:** | [Click here to enter email address] | | | | **Telephone:** | [Enter phone number] | **Mobile:** | [Enter mobile] | | **Line Manager:** |  | | | |   // Report details   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Type of issue:** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Hazard |  | Near miss |  | Workplace inspection | |  | Incident/Injury |  | Security |  | Environment | | | | **Date of hazard/incident:** | |  | | **Time of hazard/incident:** | | [Enter details] | | **Location of hazard/incident:** | | [Enter details] | | **Hazard/incident category:** | | |  |  | | --- | --- | |  | Electrical/Physical (ergonomics, manual handling, slips/trips/falls) | |  | Biological (disease, mould, infection) | |  | Environmental (air quality, pollution, conditions) | |  | Psychological (stress, bullying) | |  | Chemical (exposure, hazardous materials) | |  | Noise | |  | Other category (please specify) | | | **Description of hazard/incident/near miss:**  . | | | |   *If reporting an incident please complete the section below:*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  | | --- | | **Description of injury:**  [Click here to enter text] | | **Did this incident result in time off work?**  Yes  No | | **Did this incident require medical attention by a doctor?**  Yes  No | | **Did this incident receive first aid?**  Yes  No  **First aider name:** [Click here to enter]  **First aid treatment received:** [Click here to enter] | | **Was there a witness?**  Yes  No  **Witness details:** . | |   // Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | | I approve the release of the information in this form to approved persons which may include medical practitioners, legal representatives, employee associations, insurance companies and to the appropriate regulator in my state (WorkSafe). | | | | | **Signature:** |  | **Date:** |  | | **Send Part A to:**   1. Your line manager 2. WHS Committee   **Date forwarded:** [Click here to enter the date] | | | | | |

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| |  | | --- | | PART B - TO BE COMPLETED BY THE Line Manager | |
| *This section is to be completed by the line manager as soon as possible in response to receiving Part A.*  // Risk assessment   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Consequence of this hazard:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | ☐ Extreme | Major | Moderate | Minor | Insignificant | | | **Likelihood of hazard/incident to reoccur:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Almost certain | Likely | Possible | Unlikely | Remote | | | **Risk rating (refer to Hazard and incident reporting procedure for risk rating table):**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | High | Significant | Medium | Low |  |  | | | **Action:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Immediately | Today | This week | This month |  | | | **Do you think there could also be a risk to the environment?**  [Click here to enter text] | |   // Risk control   | **Hierarchy of control** | **Yes/No** | **Corrective action** | **By who?** | **By when?** | | --- | --- | --- | --- | --- | | 1. Elimination: (Can this hazard be eliminated)? | [Yes/No] |  | [Name] | [Enter date] | | 2. Substitution: (Can this hazard be substituted by something less dangerous)? | [Yes/No] |  | [Name] | [Enter date] | | 3. Isolation: (Can access to this hazard be limited)? | [Yes/No] |  | [Name] | [Enter date] | | 4. Engineering control: (Can you modify the plant or equipment used)? | [Yes/No] |  | [Name] | [Enter date] | | 5. Administrative control: (Can processes, procedures, or training be improved)? | [Yes/No] |  | [Name] | [Enter date] | | 6. Can you reduce the Hazard risk by using personal protective equipment or clothing? | [Yes/No] |  | [Name] | [Enter date] | | 7. Do you have any other suggestions or comments? | [Yes/No] |  | [Name] | [Enter date] | | *A combination of the above measures may be required to minimise the risk, they must be prioritised in order of 1 to 6 to follow the hierarchy of control.* | | | | |   // Managers signature   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | | **Name:** |  | | | | **Signature:** |  | **Date:** | [Click here to enter the date] | | **Send copies to:**   1. The injured/affected person (named in Part A) 2. WHS Committee 3. Plan2go Directors (if required) | | | | | |

**NOTE:** Managers must follow up on the corrective actions identified and ensure they are completed within the timeframe specified on this form.