Date of issue:

INCIDENT/NEAR-MISS REPORT

In case of an emergen	су:											
- Contact emergency services: 111												
- Call WorkSafe: 0800	030 040											
Personal details												
NAME:								PHONE NUMBER:				
ADDRESS:							DATE OF BI					
							SEX:	Male	P F	emale		
Employment detail	s											
FARM NAME:					JOB TITLE	:						
Permanent Casual				Contractor					Visitor			
Accident details	·											
DATE:	ATE: Near-miss No treatr		nent First aid		D	Ooctor Hosp		ital Serious harm				
TIME:	AM	PM		Hours at work:			Date reported:					
Nature of injury												
Strain/sprain	Cut		● F	lead inju	ry	Fracture/bre		eak	Gradual process			
Bruising	Burns		Poison/chemical				Multiple inju	ıries	s No injury			
LOCATION OF INJURY (CIRCLE LOCATION)			WHERE DID THE ACCIDENT HAPPEN? (EG SHED, PADDOCK ETC)									
			HOW DID THE ACCIDENT HAPPEN?									
WAS THE PERSON TRAIN IF A VEHICLE WAS INVOL		ASK THEY WEF							Yes	No No		
WAS A SIGNIFICANT RISK INVOLVED?									Yes	No		
IF YES, WHAT WAS THE S	SIGNIFICANT F	RISK?										
IS THE DISK ON THE DISK	DECISTEDS								Voc	No		

WHAT HARM COULD HAVE HAPPENED?										
STEPS TAKEN TO PREVENT A SIMILAR EVENT HAPPENING AGAIN										
SPECIFIC ACTIONS REQUIRED	PERSON RESPONSIBLE		BY WHEN		DATE COMPLETED					
INITIAL NEEDS ASSESSMENT (ONLY COMPLETE IF A DOCTOR'S VISIT WAS REQUIRED)										
Able to continue full duties		Able to do light du	ties	Unable to work						
Help available at home		Assistance require	d at home	Transp	ort assistance needed					
Form completed by										
NAME:			POSITION:							
SIGNED:		DATE FORM WAS COMPLETED:								