

## Hazard / Incident Reporting Form

**Report type** (Tick all that apply))

Hazard     
  Incident     
  Injury     
  Property damage

**Instructions:**

**Complete Section 1 of this form and submit to your coordinator immediately.**

- Ensure you sign and date this form in the space below
- Your coordinator can assist you to complete this form if required
- Your coordinator must co-sign this form when submitted

**Your details**

Name of person reporting Hazard/Incident:

Signature of person making report:

Date: / /

Name of Program Coordinator:

Signature of Program Coordinator:

Date: / /

Your role at MCCA (tick box)

Staff     
  Volunteer     
  Member     
  Contractor     
  Consumer     
  Visitor

**Section 1: Hazard/Incident Details**

Name of person involved:

Address of person involved:

Address of hazard/incident:

Location of hazard/incident (inside, outside, yard etc):

When did the hazard/incident occur?

Time:

Date: / /

**Describe the hazard/incident:**

Name of witnesses:

Did an Injury or property damage result?

Yes  
 (If Yes, Complete Section 2)

No  
 (Go to Section 3)

Has any action been taken?

Yes  
 (If Yes Complete Section 4).

No

## Hazard / Incident Reporting Form

### Section 2: Injury or property damage details (where applicable)

Description of injury or property damage:

Photo(s) attached

**Treatment Required** (Complete if incident resulted in injury)

Hospitalisation     Medical Treatment     First Aid     Ambulance

When was notice of the injury provided?

Time:

Date: / /

Who was notified of the injury?

Name and Position:

Did the person cease work due to the injury?

Yes

No

Time:

Date: / /

Has the person resumed work?

Yes

No

Time:

Date: / /

### Hazard/Incident Investigation:

#### Section 3: (to be completed by service coordinator or responsible delegate)

What caused the hazard/incident?

Were any of the following be considered contributing factors? (tick all that apply))

Tools/machinery/equipment

Unsafe work practices

Poor housekeeping

Lack of protective equipment

Inadequate training

Workplace design

Lack of maintenance

Environmental factors

Manual handling

Other (provide details):

**Name:**

**Signature:**

**Date:**

## Hazard / Incident Reporting Form

**Section 4:** (to be completed by service coordinator or responsible delegate)

Has a Risk assessment been completed?  
(If Yes, attach to this form)  Yes  No

What is the risk level rating of this hazard/incident?

Low  Moderate  Significant  High

**Immediate Corrective Actions** (list controls to be put in place to manage and minimise risk)

Person(s) responsible to ensure corrective actions carried out:

Date by which corrective actions to be carried out:

**Name:**

**Signature:**

**Date:**

**Section 5:** (To Be Completed by Program Manager)

**Recommendations / comments**

Feedback provided to person making report  Yes  No

Workers compensation claim required  Yes  No

Hazard eliminated  Yes  No

Risk controlled  Yes  No

**Name:**

**Signature:**

**Date:**

**General Manager signature:**

**Date:**

**Completed form to be filed in Hazard / Incident Reports folder**