

Incident/Hazard Investigation Report

Person involved – details			
Full name:			
Date of birth:		Contact details:	
Address:			
Staff	<input type="checkbox"/>	Student	<input type="checkbox"/>
Visitor	<input type="checkbox"/>	Contractor	<input type="checkbox"/>
Details of incident/hazard			
<input type="checkbox"/> Work related	<input type="checkbox"/> Injury/illness	<input type="checkbox"/> Incident near miss	
<input type="checkbox"/> Hazard	<input type="checkbox"/> Property damage		
Location of incident/hazard			
Time occurred:		Date occurred:	
What were you doing? Describe the activity undertaken at the time			
What happened? Describe the incident/near miss as it occurred or the hazard observed.			
What did you do? Describe what happened next.			



Were there any witnesses?			
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Name:		Phone number:	
Name:		Phone number:	

Signature of person making report			
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Print name:			
Signature:			
Contact number:		Date:	

Signature of PICAC manager			
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Print name:			
Signature:			
Contact number:		Date:	

Risk controls	
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List any short-term actions that have been implemented to control the risk of a repeat:

What further actions need to be taken to control the risk?			
Risk control	Action to be taken	By whom	By when
Elimination e.g. Discontinue use of product or process			
Substitution e.g. Replace with similar item to do same job with lower hazard level			
Isolation e.g. Put a barrier between the person and the hazard			
Engineering controls e.g. Change the process, equipment or tools so the risk is reduced			
Administration controls e.g. Guidelines, procedures, rosters, training, etc. to minimise the risk			
Personal protective equipment e.g. Equipment worn to provide a temporary barrier			

Signature of PICAC management representative			
Print name:			
Signature:			
Contact number:		Date:	