

**INCIDENT & NEAR-HIT REPORT**

For incidents & near-hits involving CoH employees, contractors, volunteers & members of the public.

PART A - INCIDENT DETAILS

1. Affected person		Reporting on behalf of affected person		Witness	
Member of Public	Employee	Volunteer	Contractor		
Family name:		Given Names			
Date of birth:		Title:	Mr	Mrs	Miss Ms Other
Address:					
Phone:		Email:			
We may need to pass on your contact details to a third party provider if it is determined that they are responsible for the incident. Please indicate if you give us permission to do so if needed. Yes No					

2. Incident details.

Personal injury	Property damage	Environmental damage	Security
Quality breach	Vehicle crash	Near hit	
Date & time occurred:		Date & time reported:	
Where?			

3. What Happened ?*Tripped over, strained back, hit another vehicle, cut finger*

Please attach additional detail such as photos as required.

4. Injury details.

No Injury	Sprain	Strain	Cut	Abrasion	Crush	Dislocation
Chemical exposure	Burn	Bite/sting	Impact	Fracture	Stress	
Other injury/illness						
Injury, illness, damage details:						

5. What treatment was given?

None	First aid	Ambulance	Doctor	Hospital	Admitted to hospital
Name of person or medical facility providing <u>any</u> treatment?					
		N/A			

6. What equipment, plant, or vehicles were involved?

Type/Make and Model:		Rego/Plant or Asset Number:	
Damage to equipment, plant, vehicle:			
If your vehicle was towed away, name the tow company			

7. Were there any witnesses?

No	Yes	(Supply details below)	Statement attached	Yes	No
Name	Staff, parent, guardian, general public?	Address	Phone		

8. What were the environmental conditions?

Day	Night	Fine	Wet	Windy	Cold	Warm	Foggy	Icy	Snow
Flat	Firm	Slippery	Steep slope	Uneven ground	Thick bush				
Other:									

9. Damage to 3rd party vehicle

Vehicle or property 1

Vehicle or property 2

Name of other driver:		
Address:		
Phone number:		
Licence number:		
Vehicle make and model:		
Registration number:		
Name of insured owner:		
Address:		
Phone number:		
The other insurance company:		
Policy number:		
Description of damage:		

10. Declaration: I declare that the information provided in this form is true, accurate and complete.

Reported by:	Name:		Signature:		Date:	
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**Submit by email to coh@hobartcity.com.au, or by mail to
City of Hobart (Legal and Governance) GPO Box 503, Hobart 7001.**

PART B - INCIDENT REVIEW

City of Hobart employees and contractors to complete Part B

11. Employee details.

Payroll ID:		Division:	
How many consecutive days did you work before the incident?			
Do you have a second job?			

12. Incident severity (Refer to risk matrix - see Risk Assessment and Management Procedure (F11/15785))

Low	Medium	High	Extreme
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13. Recalling the events or actions that happened right before the incident, what do you think directly caused the incident?

e.g. uneven ground, not using PPE, equipment failed, inattention, no park brake, in a rush, manhole cover was too heavy

14. What immediate action has been taken to make the area safe?

(include who took action)

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15. What do you suggest needs to happen to prevent the incident occurring again?

(include by who and the date by when this should happen)

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All Incidents are required to be reported ASAP to the manager/supervisor and prior to end of shift.

Notifiable Incidents to be reported by Manager/Supervisor to WHS immediately on mob 0408 124 283.

Notifiable Incident for WHS means death, serious illness or injury or dangerous incident.

The Director EPA must be notified (on 1800 005 171) - if an environmental release has caused, or may cause, serious or material environmental harm, or if the activity is regulated by the EPA.