Incident report

SHE Onsite

Detail	
Report number	
Kind (incident, near miss, hazard)	
Site and exact location	
Date and time it happened	
Reported by	
Date reported	

What happened?

Notes

Who was hurt or involved? (keep this part private)

Name	Employer	Injury or illness	Treatment (first aid, doctor, hospital)	Time off work expected?

Who saw it?

Name	Company	Contact

What was done straight away?

Notes

Notes

Could this be a notifiable event? No / Possibly / Yes

If notifiable	
Who told WorkSafe	
Date and time WorkSafe was told	
WorkSafe reference	
Scene released by inspector (date)	

Why did it happen? (what led to it, and anything that made it worse)

Notes

Actions to stop it happening again

What needs doing?	Who does it?	Due	Done (date)

Closed off by: _____ Date: _____

This is general information. Check it fits your work. It is not advice.