[Service Letterhead]

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[Service Letterhead]

Near Miss / Incident / Accident Report Form

Confidential – To be submitted to Management / WHS Officer within 24 hours of event

1. Basic Information

Date of Report:

Name of Person Reporting:

Position / Role:

Program / Department:

Date of Event:

Time of Event:

Location of Event:

2. Type of Event

(Select one)

☐ Near Miss – No injury/damage occurred, but had potential to
☐ Incident – Minor event requiring first aid or attention
☐ Accident – Event resulting in injury, illness, or significant damage

3. Description of What Happened

(Describe clearly what occurred, including sequence of events. Attach photos if relevant.)

_____

_____

_____

4. Immediate Actions Taken

(What was done straight away to control or manage the situation?)

_____

_____

_____

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Was Ambulance or Police Called?
☐ Yes ☐ No
If Yes, specify:

- Service Contacted: ☐ Ambulance ☐ Police ☐ Both
- Time Called: _____
- Attending Officer / Paramedic (if known): _____
- Outcome / Notes:

5. Persons Involved

Name	Position	Injury / Impact	First Aid Given	By Whom
			☐ Yes ☐ No	
			☐ Yes ☐ No	

6. Witnesses

Name	Contact Details

7. Contributing Factors (if known)

(What factors may have contributed? e.g., equipment, environment, procedures, behaviour, training, etc.)

_____

_____

8. Suggested Corrective / Preventative Actions

(What could be done to prevent this from happening again?)

_____

_____

9. Reported To

Name	Position	Date / Time Reported

10. Management / WHS Review (to be completed by Manager / WHS Officer)

Initial Risk Rating: ☐ Low ☐ Medium ☐ High

Investigation Required: ☐ Yes ☐ No

Summary of Findings:

_____

_____

Corrective / Preventative Actions Implemented:

_____

_____

Responsible Person: _____ **Date Completed:** _____

Manager / WHS Officer Signature: _____ **Date:** _____

11. Follow-Up and Closure

Reviewed by (CEO / Quality Manager): _____

Date Closed: _____

Comments: