

INCIDENT REPORT - NEAR HIT

INCIDENT SUMMARY										
Outsingston				DEDODTED BY						
				REPORTED BY						
Date Occurred: Job Number:				First Name:						
Site:				Supervisor: _						
Shift Start:		Time Occurred:								
Potential Severity:	Low	Mediu	um	High	Catastrophic					
	Low	 notential first aid loss less that 	an \$5 000 lost time less th		nact on environment					
	Medium	 potential first aid, loss less than \$5,000, lost time less than 3 hours, temporary impact on environment potential medical treatment, loss between \$5,000 - \$50,000, lost time less than 2 days, impact on environment less 								
	High	than 7 days — potential serious injury, admission to hospital, lost time between 2-7 days, loss between \$50,000 - \$10,000, impact on the								
environment severe but repairable										
	Catastroph	ic — potential fatalities and loss of	limbs, lost time 7+ days, lo	oss over \$100,000, irrepa	rable damage to the environment					
Mechanism of Incident:		Contact with electricity Manual Har		lina	Exposure to Biological Hazards					
Weendriisiii or incident.		Exposure to cold Other		9	Exposure to Mental Stress					
		Exposure to heat	Other Muscul	ar Stress	Entrapment					
		Exposure to noise	Repetitive mo	vement	Vehicle Accident					
		Exposure to pressure	Strike Against	t						
		Fall at same level	Struck by/aga	ninst						
		Fall from height	Exposure to v	ibration						
		Chemical Exposure	mical Exposure Exposure to R							
Agency of Incident:		Machinery/fixed plant	Non-powered ed	-	Unspecified					
		Mobile Plant	Hazardous subs		Other					
		Road transport	Other materials/		Underground Environment					
		Other transport	Outdoor enviror		Human Agencies					
		Powered equipment/tools	Internal vessel c	ondition	Bilogical Agencies					
		Hydrojet equipment	PPE							
Location:										
Management Noti	ified:	Yes No								
Details:										
Dotailo.										



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Procedure Followe	ed:										
WITNESSE	S: Witness 1	Witness 2									
	Witness 3	Witness 4									
Authorities Notified	d: Police	Fire	Ambulance	EPA	DECC	Workcover					
Date Notified:		Time Notified:		Who Notified:							
Advice Received:											
Client Notified:	Yes No	Who:									
CORRECTIVE ACTION											
Classification:	Training	Documentation	Supervision	Malfunction	Environment	Process					
	Training Documentation Supervision Malfunction Environment Process	 Inadequate training or awareness of responsible Inadequate documentation Inadequate supervision / QA Equipment malfunction Unsuitable work environment Process / System failure 		,							
Solution:											
Employee:			Due	e Date:							