

## INCIDENT REPORT - NEAR HIT

### INCIDENT SUMMARY

Originator: _____	REPORTED BY
Incident Name: _____	Surname: _____
Date Occurred: _____ Job Number: _____	First Name: _____
Site: _____	Supervisor: _____
Shift Start: _____ Time Occurred: _____	

Potential Severity:	Low	Medium	High	Catastrophic
<b>Low</b>	— potential first aid, loss less than \$5,000, lost time less than 3 hours, temporary impact on environment			
<b>Medium</b>	— potential medical treatment, loss between \$5,000 - \$50,000, lost time less than 2 days, impact on environment less than 7 days			
<b>High</b>	— 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			
<b>Catastrophic</b>	— potential fatalities and loss of limbs, lost time 7+ days, loss over \$100,000, irreparable damage to the environment			

<b>Mechanism of Incident:</b>	Contact with electricity	Manual Handling	Exposure to Biological Hazards
	Exposure to cold	Other	Exposure to Mental Stress
	Exposure to heat	Other Muscular Stress	Entrapment
	Exposure to noise	Repetitive movement	Vehicle Accident
	Exposure to pressure	Strike Against	
	Fall at same level	Struck by/against	
	Fall from height	Exposure to vibration	
	Chemical Exposure	Exposure to Radiation	

<b>Agency of Incident:</b>	Machinery/fixed plant	Non-powered equipment/tools	Unspecified
	Mobile Plant	Hazardous substances	Other
	Road transport	Other materials/substances	Underground Environment
	Other transport	Outdoor environment	Human Agencies
	Powered equipment/tools	Internal vessel condition	Biological Agencies
	Hydrojet equipment	PPE	

Location: _____
Management Notified:      Yes      No
Details: _____



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Procedure Followed: \_\_\_\_\_

WITNESSES: Witness 1 \_\_\_\_\_ Witness 2 \_\_\_\_\_  
 Witness 3 \_\_\_\_\_ Witness 4 \_\_\_\_\_

Authorities Notified: 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	
	<b>Training</b>	— Inadequate training or awareness of responsibility					
	<b>Documentation</b>	— Inadequate documentation					
	<b>Supervision</b>	— Inadequate supervision / QA					
	<b>Malfunction</b>	— Equipment malfunction					
	<b>Environment</b>	— Unsuitable work environment					
	<b>Process</b>	— Process / System failure					
Solution:	_____						
Employee:	_____			Due Date:	_____		