

SAFETY INCIDENT REPORT

This report is to be completed within 24 hours of a safety incident or near miss involving Triathlon ACT (TACT) workers, at a TACT workplace, or while travelling to or from a workplace. It can also be utilised for other incidents if specifically requested.



Person completing this report:	
Contact No.:	Date of Report:
List any attachments to this report:	

WITNESSES – list any witnesses to the incident

Witness 1:	Contact No.:
Witness 2:	Contact No.:

DETAILS OF INCIDENT

Event / Location:	
Time and Date:	Were person(s) injured?
Injured Person 1:	Injury:
Injured Person 2:	Injury:

WHAT HAPPENED? - list, in order of occurrence, what happened (Facts - DO NOT GIVE AN OPINION)

Time	Details

WHY DID IT HAPPEN? - list, in your opinion, the reasons why the incident (or near miss) occurred

No.	Reason

RECOMMENDATIONS - list, in your opinion, any recommendations arising from the incident (or near miss)

No.	Recommendation	
1		
2		
Signature:		Date:
<i>Please forward this completed report as soon as practicable to the TACT Executive Director</i>		

-- This section to be completed by TACT Executive Director and Governance Subcommittee Chairperson --

AGREED CONTROL MEASURES TO BE IMPLEMENTED BY TACT or OTHERS

No.	Control Measure	Resp.	Target Date
1			
2			
3			
Executive Director TACT signature:		Date:	
Governance Subcommittee Chairperson's signature:		Date:	