

SAFETY INCIDENT REPORT

This report is to be completed within 24 hours of a safety incident or near miss involving:

- TNSW workers at a TNSW workplace or while travelling to or from a workplace, or
- any incident at an event which may lead to an insurance claim



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 (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 TNSW Chief Executive</i>		

----- *This section to be completed by TNSW Chief Executive and HSC Chairperson* -----

AGREED CONTROL MEASURES TO BE IMPLEMENTED BY TNSW or OTHERS

No.	Control Measure	Resp.	Target Date
1			
2			
3			
Chief Executive TNSW Signature:		Date:	
Health & Safety Committee Chairperson's Signature:		Date:	