

Incident / Near-Miss Report

Incident Details

Report Type*: _____ > Options: Incident, Near Miss

Date of Event*: _____

Time of Event*: _____

Location*: _____

Description of Event*: _____

Immediate Actions Taken*: _____

Was anyone injured?

Medical Treatment Details*: (only if applicable)

People Involved

Injured Persons:

Name	Injury Type	Treatment Provided

Options for 'Injury Type': First Aid, Medical Treatment, Lost Time, Fatality, Other

Witnesses:

Name	Contact	Statement

Reporting & Sign-Off

Reported By (Name)*: _____

Position: _____

Version Authorised by Review # Date of Issue: Review Date: 1