

# Safety Incident and Hazard Report Form

All incidents must be reported prior to the employee leaving the worksite, or within 24 hours of the incident occurring. Report serious incidents **immediately** to Searson Buck on 03 6223 3055.

Ensure you complete **ALL SECTIONS** of form, and email completed form to [safety@searsonbuck.com.au](mailto:safety@searsonbuck.com.au)

## What are you reporting?

Incident			Hazard		
Injury	Near miss	Serious illness	Physical	Environmental	Chemical
Property damage	Report only	Hazard (select next)	Ergonomic	Systems	Biological

## Personal details:

Name:

Address:

Email:

Phone:

DOB:

Internal employee

On-hired worker

Contractor

Visitor

Position/assignment title:

Client/host employer:

Supervisor/contact name:

## Incident details:

Date of incident:

Time of incident:

Address/location of  
where incident occurred:

Date of report:

Date notified:

Person notified:

## Details of injury or illness:

(Include type and location of injury – left, right, front, back etc)

## Details of incident/hazard:

(Include details of task being performed, and a sequence of events. Use back of page if necessary)

Tools/equipment involved in the incident:

Incident related property damage:

PPE being worn at the time?      Safety glasses      Safety footwear      Gloves      Hard hat      Other      N/A

Environmental/weather conditions at the time:

Have you done this task before? (provide details):

**What may have caused the incident / hazard?**

**Do you have any suggestions for fixing the problem or preventing a repeat?**

### Witnesses to incident:

Permission to contact

Name:

Contact:

Name:

Contact:

Name:

Contact:

### Treatment:

**Level of treatment:**

No treatment

First Aid

Medical Treatment (GP)

Medical Treatment (Hospital)

**Treatment details:**

### Details of incident/hazard - additional space:

(Include details of task being performed, and a sequence of events)

### Please sign:

Employee signature:

### Supervisor:

Initial controls put in place to prevent further injury or illness.

Yes

No

Supervisor signature:

Date:

Send completed form to [safety@searsonbuck.com.au](mailto:safety@searsonbuck.com.au)

#### Hobart

Level 6, 85 Macquarie St  
Hobart TAS 7000

p 03 6223 3055

#### Launceston

Level 1, 112 Cimitiere St  
Launceston TAS 7250

p 03 6333 3888

#### Burnie

Level 1, 41 Mount St  
Burnie TAS 7320

p 03 6431 5155