# Incident / Hazard Report Form

**05 Jan 2021 / SafetyCulture Staff**

<table>
<thead>
<tr>
<th>Score</th>
<th>42.86%</th>
<th>Failed items</th>
<th>4</th>
<th>Actions</th>
<th>1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date and Time Reported</th>
<th>5th Jan, 2021 3:17 PM +08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazard Reported by</td>
<td>SafetyCulture Staff</td>
</tr>
<tr>
<td>Contact Number of Person Reporting Hazard</td>
<td>12345678</td>
</tr>
<tr>
<td>Location of Hazard</td>
<td>Wollongong NSW 2500, Australia (-34.4278121, 150.8930607)</td>
</tr>
<tr>
<td>Specific Location (room or area within the building, compound, or facility)</td>
<td>Wollongong Construction Site - Northeast Area</td>
</tr>
</tbody>
</table>
Failed Items & Actions

Failed items

Incident / Hazard / Incident Details

Incident / Hazard Type

Photo 1

Incident / Hazard / Incident Details

If Incident Occurred,

Photo 2

Incident / Hazard / Injury Details

Level of Treatment Needed

Photo 3

Corrective Actions / Risk Assessment

Level of Risk

High

Other actions

Corrective Actions / Corrective Actions / Corrective Actions 1

Please click "Action" icon below

Corrective Action Created

In progress  |  Priority High  |  Due 5th Jan, 2021 4:00 PM +08  |  Created by SafetyCulture Staff

Close area where incident occurred.
### Incident / Hazard

#### Incident Details

**Incident / Hazard Type**

If Incident Occurred,

**Description of Incident / Hazard**

Field worker fell from a great height without proper support

**Injury Details**

Only Complete for Incident With Injury

**Name of Injured Person**

Rick Injury

**Contact Number of Injured Person**

87654321

**Nature of Injury**

Other

If Other, please describe injury

spinal cord injury and concussion

**Location of Injury on Body**

spine and head

**Specific Task Being Performed at Time of Injury**

attaching a steel bar

**Level of Treatment Needed**

Lost Time Injury
<table>
<thead>
<tr>
<th>Name of First Aider or Treatment Provider</th>
<th>Treatment Provider A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Treatment Provided</td>
<td>Injured person placed in intensive care unit</td>
</tr>
</tbody>
</table>
Corrective Actions

Contributing Factors

- Lack of/Inadequate Equipment/Machinery
- Lack of/Inadequate Procedures/Instructions
- Lack of/Inadequate Management/Supervision
- Lack of/Inadequate Management System
- Lack of/Inadequate Employee/Worker Training
- Inappropriate/Inadequate Work Environment
- Inappropriate Actions and/or Behavior

Other

Cause of Incident/Hazard

Lack of proper support for working at heights

Risk Assessment

Consequence

Severe

Likelihood

Almost Certain

Determining Level of Risk

Consequence - Severe, Likelihood - Almost Certain

If Option Selected Previously is Red, Level of Risk is High.

If Option Selected Previously is Yellow, Level of Risk is Medium.

If Option Selected Previously is Green, Level of Risk is Low.

Level of Risk

High

If Level of Risk is High or Medium, at least 1 corrective action must be completed.

Corrective Actions

Corrective Actions 1

Control Type

Isolation/Stop Use
Please click "Action" icon below

| In progress | Priority High | Due 5th Jan, 2021 4:00 PM +08 | Created by SafetyCulture Staff |

Close area where incident occurred.

After creating an action, set the date and time the corrective action has to be completed and assign it to a user in your organization.
To whom should this hazard report form be sent to?  
HSE Manager

Signature of Person Reporting Hazard

Henrietta Hazard  
5th Jan, 2021 3:36 PM +08
Appendix

Photo 1

Photo 2

Photo 3

Photo 4