Incident Report Form SMS 10.1

August 2019

Enter investigation details into Sections 1.1 – 1.6. Document investigation and recommendations details into Section 1.7 – 1.9. Attach all supporting documents and photos to the completed report.

This incident report (injury, incident or near miss) must be emailed to admin@southernplanthire.com.au within 24 hours of the incident.

***For more serious incidents immediately advise your Safety Officer 03 9092 2400**

Section 1 – Incident details

1.1 Brief incident information *(Involved person to complete sections 1.1 – 1.6)*

Date of incident:		**Time of incident:**		**Weather conditions:**	
Incident location:					
Involved person – surname:			**Employee ID/number:**		
Involved person – given name:			**Date of birth:**		
Nature and extent of injuries:					
Witness	**Name:**			**Contact details:**	
Detailed incident description:					
Incident reported to:	**Name:**			**Date reported:**	

1.2 Company property/equipment damage

Extent of damage to company property/equipment:	
Vehicle or equipment fleet number/registration:	
Trailer fleet number/registration(s):	

1.3 Third parties involved

Name and contact information:	
Nature and extent of injuries:	
Extent of damage to other property/equipment:	

1.4 Diagram of the incident *(Include landmarks, street names, traffic signals, site map etc.)*

1.5 Immediate containment actions *(Describe actions taken to contain/control this incident)*

1.6 Incident statement acknowledgement *(Person providing details acknowledges the information recorded is true and correct)*

Name:	Signed:	Date:

Investigation continue to section 1.7

1.7 Control measures and other contributing factors *(What controls were in place to prevent this incident from occurring?)*

What failed controls contributed to this incident *(Explain the details relating to the failed controls)*

What other contributing factors have been identified.

1.8 Recommendations

Recommendations to eliminate or minimise the risk of this incident occurring again? *(Accepted recommendations are to be added to the Safety Management System Action Log)*	**Accepted y or N**	**By Who**

1.9 Management sign off *(I am satisfied that the incident has been investigated thoroughly and the accepted recommendations will be implemented:)*

Name:	Signed:	Date: