

	FOR WHS - 002	Version: 1:0
	Incident / Accident Report No Injury	Issued:20/10/2016 Next Review: 20/10/2017

This form is to be completed when a worker needs to report an incident where no injury has occurred but the incident is of a work health and safety concern. An incident could be a near miss, dangerous event, suspicious person or any incident that may need attention from the WHS representatives. Any worker who sees an incident they think is of concern should complete a report and forward to a WHS representative.

Location of the Incident:

Date:

Time:

Type of incident:

Details of the Incident (what happened)

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Does this incident pose an immediate danger to any person? Yes No

Did the incident happen in your normal workplace? Yes No

Were there any witnesses to the incident? Yes No

Name of Witness 1

Phone:

Name of witness 2

Phone:

Has the WHS Coordinator been informed? (0458009429) Yes No

Name of the person completing this form:

Your contact details:

Date WHS Coordinator received this form