**Bega A.P.& H.** WHS 02

**Date:**

**Risk Register No.:**

**Accident to a Person**

**Incident or Observed Hazard Reporting Form**

**PART A- TO BE COMPLETED BY THE PERSON REPORTING THE ACCIDENT, INCIDENT or HAZARD**

**Section 1. Person Reporting:**

Date of Incident or Observation: / /

Name ………………………………………………………………………… Phone: ……………………………………………………….

**Section 2. Report Type:**

* **Accident**: an injury that has been suffered by a person
* **Dangerous Occurrence:** incidents that have resulted in damage to equipment, property, facilities, or dangerous substances.
* **Near Miss:** incidents that have the potential to cause personal Injury or damage to plant, property or facilities
* **Hazard:** conditions of buildings, surfaces or systems which have potential to cause injury

**Description of Accident / Incident / Hazard**

**…………………………………………………………………………………………………………………………………………………………**

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SEE OVER

**Section 3: Name of Injured Person (if Applicable)**

Name: ………………………………………………………………….. Date of Birth: / /

Injured Person’s Address …………………………………………………………………………………..

 …………………………………………………………………………………..

Contact Number: …………………………………….. Occupation ……………………………………………….

**SECTION 4: Injury/ Illness Details:**

Nature of Injury/Illness: (e.g. Cut, Bruising, Sprain) ……………………………………………………………………………………..

Bodily Location of Injury/ Illness (e.g. Back, Right Shoulder) ………………………………………………………………………..

Treatment: No Treatment  First Aid  Doctor  Ambulance  Hospital

Date Report submitted to Risk Manager ………./…………../…………..

Signature: ……………………………………………………….

**Date:**

**Risk Register No.:**

**Incident / Hazard Details:**

Date of Incident: / / Time of Incident: ……………………… (Use 24 hour Clock)

Location of incident: ………………………………………………………………………………………………………………….

Names & Phone Numbers of Witnesses:

1. ……………………………………………………………………………………………………………………
2. …………………………………………………………………………………………………………………..
3. …………………………………………………………………………………………………………………..