



Incident and Hazard Report Form

Please use this form in your workplace to report any hazards and incidents. Please report all hazards/incidents to your Northbridge Representative and your Manager at your Client workplace immediately.

Please send completed form immediately to your Northbridge Representative and/or hello@nbridge.com.au.

Please indicate the incident type:

<input type="checkbox"/> Incident	<input type="checkbox"/> Near Miss	<input type="checkbox"/> Workplace Hazard	<input type="checkbox"/> Hazardous Work Practice
-----------------------------------	------------------------------------	---	--

Incident Date:	
Incident Time:	
Name of person reporting incident:	
Position of person reporting incident:	
D.O.B. of person involved in incident:	
Name of person incident was reported to:	
Position of person incident was reported to:	
Company/Client Organisation Name:	
Address where incident occurred:	
Name of witness (if applicable):	

Please summarise the incident sequence from start to finish:

Time	Event	Time	Event

Describe the incident in detail in your own words.

--

Note anything unusual you observed prior to or during the incident. (sights/sounds/smells, etc.)

--

What conditions influenced the incident? (weather, time of day, equipment, malfunctions, etc.)

How did people influence the incident? (actions, emergency response, etc.)

What do you think caused the incident?

Please list any other possible witnesses.

Additional comments/observations?

I, _____, declare by ticking the below box that all
(Full Name)

Information in this form is correct.

☐

Date (DD/MM/YYYY):