

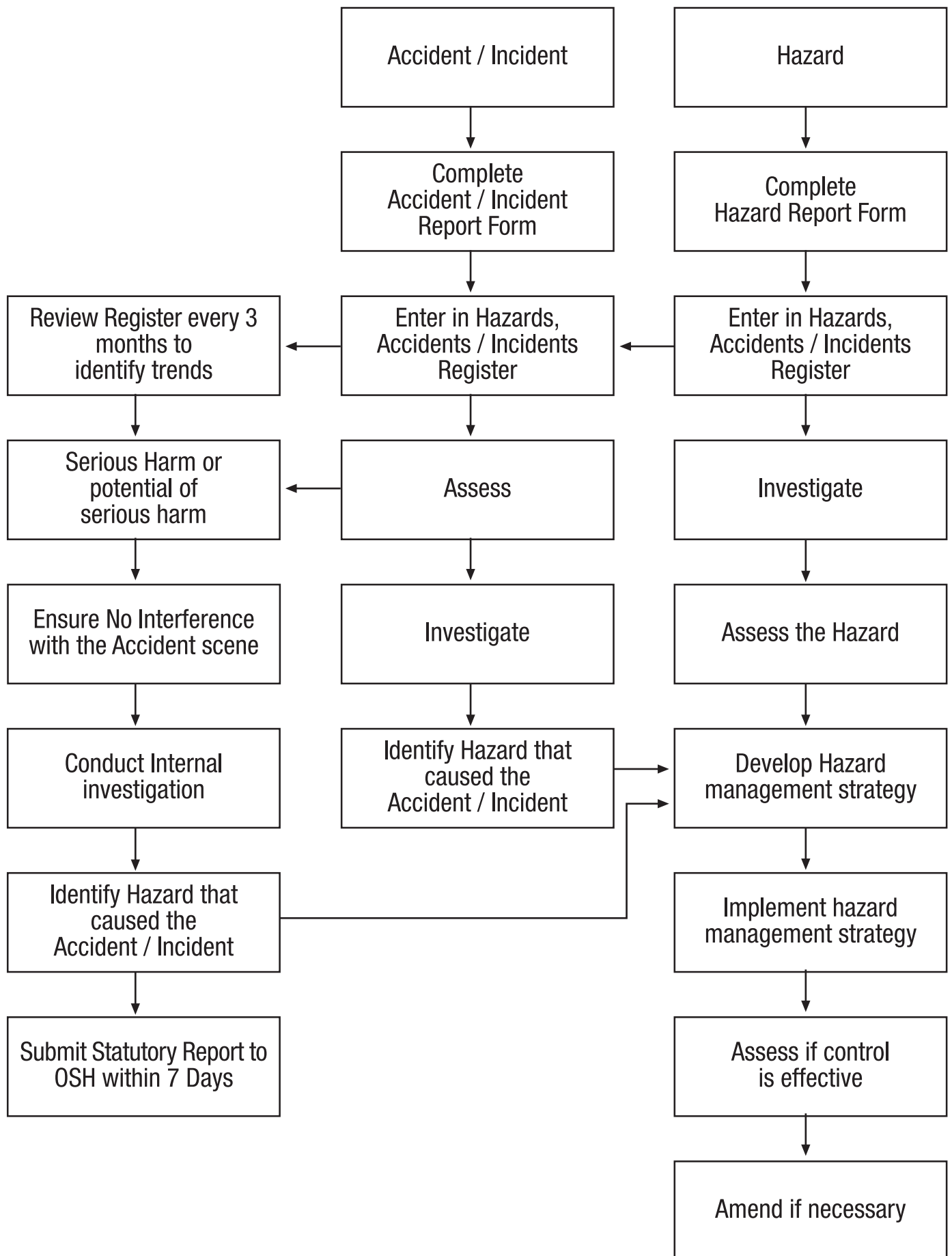
Register of Hazards Accidents Incidents

To be reviewed every 3 months to ensure that
controls remain appropriate and effective

Review Checklist

- Are any hazards or types of hazards associated with accidents
- Have incidents relating to particular hazards been eliminated or minimised
- Are there any hazard / incident trends that need action

Hazard Management Overview



Date: _____
 Time: _____

Hazard Report Form



This section to be completed by the person who identified the hazard

Location			
Description of hazard (detailed)			
Proposed action or action taken			
Register	Hazard report box ticked in the Operations Diary <input type="checkbox"/> Yes		
Reported by	Name: _____		Signature: _____

This section to be completed by the Duty Manager

Significant hazard	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Practicable to eliminate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Practicable to isolate	<input type="checkbox"/> Yes		<input type="checkbox"/> No	Practicable to minimise
Comments on proposed action and/or action taken (inspect any action taken)					
Action taken	Satisfactory <input type="checkbox"/> Yes <input type="checkbox"/> No				
Action to be taken	Person responsible: _____				
	Date to be completed: _____				
Completed	Date: _____	Name: _____		Signature: _____	
	Assessed	Date: _____	Name: _____		Signature: _____

Start new hazard report form if further action is required

Date: _____
 Time: _____

Accident / Incident Report Form



This section to be completed by the person who witnessed the Accident / Incident

Accident Incident

Location

Type of injury

Abrasion Burn Concussion
 Bruising Cuts Sprain/strain
 Fracture Other _____

Body part(s) injured

Description of accident or incident as you believe it happened

Person in charge

Name: _____ Tel: _____

Witness(es)

Name: _____	Tel: _____
Name: _____	Tel: _____
Name: _____	Tel: _____
Name: _____	Tel: _____
Name: _____	Tel: _____
Name: _____	Tel: _____
Name: _____	Tel: _____
Name: _____	Tel: _____

Person involved in the accident or incident

Name: _____	Tel: _____
Address: _____	
Age: _____	Gender (M/F): _____

Register

Incident report box ticked in Operations Diary Yes

Reported by

Name: _____ Signature: _____

Week *

Operations Diary



Monday

- Daily Inspection _____
- Management review of accidents/incidents and hazards

- Accident/incident reported _____
- Hazard reported _____

Friday

- Daily Inspection _____

- Accident/incident reported _____
- Hazard reported _____

Tuesday

- Daily Inspection _____
- Staff meeting

- Accident/incident reported _____
- Hazard reported _____

Saturday

- Daily Inspection _____

- Accident/incident reported _____
- Hazard reported _____

Wednesday

- Daily Inspection _____

- Accident/incident reported _____
- Hazard reported _____

Sunday

- Daily Inspection _____

- Accident/incident reported _____
- Hazard reported _____

Thursday

- Daily Inspection _____

- Accident/incident reported _____
- Hazard reported _____

Notes

Week *

Operations Diary



Monday

- Daily Inspection _____
- Maintenance Inspection _____
- Management review of accidents/incidents and hazards

- Accident/incident reported _____
- Hazard reported _____

Friday

- Daily Inspection _____

- Accident/incident reported _____
- Hazard reported _____

Tuesday

- Daily Inspection _____
- Staff meeting

- Accident/incident reported _____
- Hazard reported _____

Saturday

- Daily Inspection _____

- Accident/incident reported _____
- Hazard reported _____

Wednesday

- Daily Inspection _____

- Accident/incident reported _____
- Hazard reported _____

Sunday

- Daily Inspection _____

- Accident/incident reported _____
- Hazard reported _____

Thursday

- Daily Inspection _____

- Accident/incident reported _____
- Hazard reported _____

Notes
