***Staff are encouraged to report ANY HAZARD OR NEAR MISS WITNESSED by submitting this form and therefore assisting Kyeema Support Services in providing a safe workplace for ALL***

|  |  |  |
| --- | --- | --- |
| *Office use only* | **Incident Register Number:** |  |

***Staff Identifying Hazard or Near Miss to complete this Section:***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***1. DETAILS of person involved*** | | | | | ***Participant/Supported employee*** 🞎 | | | | |
| Staff member 🞎 | | Visitor 🞎 | | | Customer 🞎 | | | Contractor 🞎 | |
| Name: | | | | | Date of Birth: | | | | |
| Address: | | | | | | | | | |
| Home Phone: | | | | | Work Phone: | | | | |
| Staff  member: ……………………………. | | | Department: ……………………………………………….. | | | Position: …………………………………………. | | | |
| ***2. HAZARD OR NEAR MISS DETAILS: (Please circle which one is applicable)*** | | | | | | | | | |
| Location of hazard or near miss: | | | | | | | | | |
| Description of hazard or near miss: | | | | | | | | | |
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|  | | | | | | | | | |
| Date of event |  | | | Time of event | | |  | | |
| Location of event |  | | | | | | | | |
| Reported to: |  | | | Position: | | |  | | |
| Date reported |  | | | Time reported | | |  | | |
| Names of witnesses | 1. | | | | | | | | |
| 2. | | | | | | | | |
| Name of person filling out form;  Reported by; | | | | | | | | | |
|  | | | | | | | | | |
| Hazard Reported to Staff Safety Representative (Please print name) | | | | | | | | | Date: / / |
| Hazard Reported to Manager(Manager’s name) | | | | | | | | | Date: / / |
| Details of person/people involved: | | | | | | | | | |
| Participant 🞎 Staff 🞎 Contractor 🞎 Other: | | | | | | | | | |
| Name/s of witness/es: | | | | | | | | | |
|  | | | | | | | | | |

***Staff Representative/Manager to Complete this Section:***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HAZARD PRIORITY:** TICK CATEGORY | | **Immediate** |  | | **At next Safety Meeting** | | |  |
| Action taken to rectify hazard or take preventative action (include timeframes): | | | | | | | | |
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| Hazard Rectified Sign Off: | | | | | | | | |
| Staff Representative: | | | | | | Date: | / / | |
| Manager: | | | | | | Date: | / / | |
| CEO: | | | | | | Date: | / / | |
| OH&S Committee | | | | | | Date: | / / | |
| *Office use only* | **Incident Register Number:** | | |  | | | | |
|  |  | | |  | | | | |