***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:** |  |
|  |  |  |