

Health and Safety Incident Report for :

Please check yes if any of the following has occurred and report immediately:

- 1. Incidents Yes No
- 2. Accidents Incidents Yes No
- 3. Near Misses Yes No
- 4. Serious Harm Yes No
- 5. Additional Hazards Yes No
- 6. Notifiable Hazards Yes No

Note : If you have ticked 'yes', please give details

Including all corrective actions taken. Please attach any relevant information.

What happened : _____

Date: _____ Time: _____

What Corrective measures could have been taken to prevent this incident _____

Signed Dated

Foreman's account of incident if necessary:

Management action taken to correct:

If any corrective action is to be taken who is responsible and when should it be completed

by Employee name: _____ Date : _____

Site Managers Action:

Incident has been investigated , have discussed corrective measures with employee and discussed with all staff at Weekly Tool box meeting & Monthly Health and Safety meeting

Signed Dated.....

Further Health & Safety inductions are required Yes No

If Yes, what training is required and when should it take place by