



INCIDENT & HAZARD REPORT FORM

Abstract

This incident and hazard report form is to be used as a reporting mechanism for all physical and psychological injuries/hazards]

AUSTRALIAN KINESIOLOGY ASSOCIATION INC.

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Australian Kinesiology Association

ABN: 31 074 034 709

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REVISION TABLE

Version		Version Date	Document Writers	AKAMC Ratification Date	
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Incident and Hazard Report – Physical and Psychosocial

Date of incident: ____ / ____ / ____ Time: ____ : ____ (am/pm)

Name of person reporting incident/hazard: _____

Date reported: ____ / ____ / ____

Witnesses: _____

INJURED PARTY

Name of person injured (if applicable): _____

Activity in which the person was engaged at the time of the accident, near-miss, or injury:

Nature of injury – includes physical and psychosocial:

Part of the body injured (N/A if psychosocial):

TYPE OF INCIDENT OR HAZARD

- | | | |
|--|---|--|
| <input type="checkbox"/> Physical Injury | <input type="checkbox"/> Psychological Injury | <input type="checkbox"/> Hazard |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Near-Miss | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Medical Treatment | <input type="checkbox"/> Notifiable Incident | |

Hazard: a situation or thing that has the potential to harm a person, the environment, or property.

Incident: an unplanned event resulting in, or having the potential for injury, ill health, damage, or other loss.

Injury: any physical or psychological damage caused by exposure to a hazard.

Near-miss: an incident that could have resulted in personal injury and/or damage to property.

Notifiable incident: an employer must notify SafeWork SA of fatalities, serious injuries/illnesses (where the person is admitted to hospital) or dangerous incidents that occur at work as a result of conducting the business.

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INCIDENT DETAILS

Location of the incident or hazard:

Description of the incident or hazard:

What factors contributed to the incident or hazard?:

1.

2.

3.

4.

5.

6.

CORRECTIVE ACTIONS

What needs to happen?	By when?	Person Responsible?
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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SIGN-OFF

_____	_____	____ / ____ / ____
Name of person reporting	Signature	Date
_____	_____	____ / ____ / ____
Office Manager's name	Signature	Date
_____	_____	____ / ____ / ____
President's Name	Signature	Date