

TRP Recruitment 116A Harrick Rd Keilor Park VIC 3042 03 9330 1881 safety@trprecruitment.com.au

HAZARD / INCIDENT / ACCIDENT REPORT FORM

Your safety is our priority. Zero workplace injuries is our aim.

☐ Hazard ☐ Incident ☐ Accident ☐ No Damage ☐ Property Damage ☐ Injury									
Name of Employee:		Date	Form Completed:						
Occupation of Employee:		Date	Reported:						
Site Address:		Repo	rted To:						
Date of incident:									
Specific location of the injury/incident:	(E.g. Warehouse 1, Isle 3/cabin of vehicle/Outside office in the yard, etc.)								
Treatment Details:									
	First Aid	□ Dootor	□ Hoopital	☐ Ambulance					
☐ No Treatment ☐ Treatment Provided By:] FIISLAIU	☐ Doctor	☐ Hospital						
Details:									
1. Describe the hazard/incid	ent & detail what hap	pened (include duties,	, area, equipment, tools	s & people involved)					



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Witnesses:			
1. Full Name			
2. Full Name			
'			
Diagram:			
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2. Recommendations on preventing recurrence Do you have any recommendations for preventing		Yes	No
	,		N.
Can the risk of recurrence be eliminated?		Y	N
Why/How?		Y	N.I.
Can equipment or materials be substituted?			N
Why/How?		N.I.	
Can engineering solutions be adopted?		Y	N
Why/How?			NI
Can administrative controls be developed?		Y	N
Why/How?		Υ	N
Is PPE required?		T T	IN .
Type:			
3. TRP Results on Investigation: (Only completed Determine whether hazard is likely to cause an injury)		>nt	
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4. Action Plan									
ACTION			RESPONSIBILITY			COMPLETION DATE:			
1.									
2.									
3.									
					·				
Client Incident / Hazard / Accident report attached:					☐ YES	□ NO			
Feedback has been provided to on-hired worker and TRP Client:				☐ YES	□NO				
On	-Hired Employee:								
		Print Name		Signature		Date:			
For	rm Completed By:								
		Print Name		Signature		Date:			
TR	PRepresentative:								
		Print Name		Signature		Date:			