





Moving people forward.

TRP Recruitment  
116A Harrick Rd  
Keilor Park VIC 3042  
03 9330 1881

[safety@trprecruitment.com.au](mailto:safety@trprecruitment.com.au)

## HAZARD / INCIDENT / ACCIDENT REPORT FORM

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

Witnesses:	
1. Full Name	
2. Full Name	

Diagram:

2. Recommendations on preventing recurrence in the future Do you have any recommendations for preventing a recurrence? (Please circle)	Yes	No
Can the risk of recurrence be eliminated?	Y	N
Why/How?		
Can equipment or materials be substituted?	Y	N
Why/How?		
Can engineering solutions be adopted?	Y	N
Why/How?		
Can administrative controls be developed?	Y	N
Why/How?		
Is PPE required?	Y	N
Type:		

<b>3. TRP Results on Investigation: (Only complete if Hazard Report)</b> Determine whether hazard is likely to cause an injury and explain what factors caused the event.



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4. Action Plan		
ACTION	RESPONSIBILITY	COMPLETION DATE:
1.		
2.		
3.		

Client Incident / Hazard / Accident report attached:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Feedback has been provided to on-hired worker and TRP Client:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
On-Hired Employee:	<input type="text"/>	<input type="text"/>
	Print Name	Signature
		Date:
Form Completed By:	<input type="text"/>	<input type="text"/>
	Print Name	Signature
		Date:
TRP Representative:	<input type="text"/>	<input type="text"/>
	Print Name	Signature
		Date: