

**INCIDENT & NEAR-HIT REPORT**

For incidents & near-hits involving CoH employees, contractors, volunteers & members of the public.

PART A*(to be completed by person involved in incident)*CoH employees may refer to [Incident and Hazard Management, Reporting and Corrective Actions \(F11/15048\)](#) or [Public Liability Incident Management procedure \(F11/15784\)](#)**1. Affected person****Person reporting incident**

Member of Public	Employee	Volunteer	Contractor
Family name:	Given Names		
Date of birth:	Title:	Mr	Mrs Miss Ms Other
Payroll ID:			
Address:			
Phone:	Email:		

2. Incident details.

Personal injury	Property damage	Environmental damage	Security
Quality breach	Vehicle crash	Near hit	
Date & time occurred:		Date & time reported:	
Where?		Do you have a second job?	

3. What Happened ?*Tripped over, strained back, hit another vehicle, cut finger etc*

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Please attach additional detail, sketch, diagram, map and photos as required.

4. Injury details.

No Injury	Sprain	Strain	Cut	Abrasion	Crush	Dislocation
Chemical exposure	Burn	Bite/sting	Impact	Fracture	Stress	
Other injury/illness						
Injury, illness, damage details:						

5. What treatment was given?

None	First aid	Ambulance	Doctor	Hospital	Admitted to hospital
Name of person or medical facility providing <u>any</u> treatment?	N/A				

6. What equipment, plant, vehicles were involved?

Type/Make and Model:		Rego/Plant or Asset Number:	
Damage to equipment, plant, vehicle:			
If your vehicle was towed away, name the tow company			

7. What were the environmental conditions?

Day	Night	Fine	Wet	Windy	Cold	Warm	Foggy	Icy	Snow
Flat	Firm	Slippery	Steep slope	Uneven ground	Thick bush				
Other:									

8. Damage to 3rd party vehicle Vehicle or property 1 Vehicle or property 2

Name of other driver:		
Address:		
Phone number:		
Licence number:		
Vehicle make and model:		
Registration number:		
Name of insured owner:		
Address:		
Phone number:		
The other insurance company:		
Policy number:		
Description of damage:		

9. Were there any witnesses?

No Yes (Supply details below) Statement attached Yes No

Name	Staff, parent, guardian, general public?	Address	Phone

PART B - INCIDENT INVESTIGATION *(to be completed by CoH employee with their Supervisor/Manager)*

10. Incident footage. Any available vehicle or CCTV footage of the incident should be retrieved and stored on file in the event that it is required at a later time. Has this occurred? Yes No

11. Incident severity (refer to risk matrix). High and Extreme to be reported to WHS/Risk ASAP.

Low	Medium	High	Extreme
Continue with this form.	<i>Complete Incident Investigation Report form in addition</i>		

12. What do you think directly caused the incident? (events/s or actions directly before the incident) (uneven ground, not using PPE, equipment failed, inattention, no park brake, in a rush, manhole cover was too heavy)

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13. Corrective actions. What actions have been taken, or are suggested to prevent it happening again?

Action taken or required?	By who?	By when?

14. Signatures.

Reported by:	Name:		Signature:		Date:	
Supervisor:	Name:		Signature:		Date:	
Manager:	Name:		Signature:		Date:	

All Incidents are required to be reported ASAP to the manager/supervisor and prior to end of shift. Notifiable Incidents to be reported by Manager/Supervisor to WHS immediately on mob 0408 124 283. Notifiable Incident for WHS means death, serious illness or injury or dangerous incident. The Director EPA must be notified (on 1800 005 171) - if an environmental release has caused, or may cause, serious or material environmental harm, or if the activity is regulated by the EPA.

Submit by email to coh@hobartcity.com.au, or by mail to City of Hobart (Legal and Governance) GPO Box 503, Hobart 7001.