



GREENFORCE

Near Miss / Incident / Accident Report & Investigation Form

This form must be completed with corrective actions and Manager's comments before returning it to the Greenforce Property Services office within 48 hours.

In the case of **Serious Harm** or possible **Serious Harm**, please refer to the Emergency Plan for contact procedures.

1. Person(s) Involved:

Name: _____

Contact No: _____ Department / Section: _____

Employee: Associate: Contractor: Other (Specify): _____

2. Details of near miss / incident / accident:

Location: _____

Date: _____ Time: _____ am / pm

3. Severity:

Fatal Serious Harm Minor Harm No Harm / Near Miss

4. Treatment:

Nil First Aid M/Centre Doctor Hospital

What treatment was given ? _____

By Whom _____

5. Description of what happened: _____

6. Describe the cause of the near miss / incident / accident: _____

Contributory Factors (refer to these when identifying the cause of the near miss / incident / accident)

Immediate Causes

- Guarding
- Defective tools or equipment
- Hazardous arrangements
- Unsafe conditions
- Unsafe design
- Housekeeping
- Environmental conditions

Substandard Acts

- Operating without authority
- Disabling safety devices
- Using unsafe equipment
- Non use of Personal Protective Equipment
- Non use of lock out / isolation systems
- Unsafe positioning
- Distraction / fooling about

Please complete the other side of this form

7. **Has a significant hazard been identified ?** Y / N
 If yes, please investigate this hazard and update the Hazard Register in your department or section accordingly

8. **Chance of the near miss, incident or accident recurring:**
 One off Daily Weekly Monthly 6 Monthly +

9. **Corrective Action:** (What will be done to *minimise the risk of this happening again*)

<u>Action</u>	<u>By Whom</u>	<u>Date Completed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person in control of the workplace: Name: _____
 Signed: _____ Position: _____

10. **Manager's Comments:**

Signed: _____ Position: _____
 Date: _____

11. **Health and Safety Co-ordinator's comments:**

Is post critical event testing required Y / N
 If yes, advise H&S Coordinator Y / N Date: _____

12. **Near Miss / Incident / Accident recorded on Accident Register and all corrective actions completed:**

Signed: _____ Date: _____

**Retain a copy and send completed original to
 Greenforce Health and Safety Co-ordinator**