

AUSTRALIAN AIRCONDITIONING SERVICES PTY LTD



INCIDENT/HAZARD REPORT

NO:

PART A – To be completed by employee

NAMEEVENT.....

DATE.....TIME.....

PERSONAL INJURY: Who was injured?

Type of injury?

First Aid? YES/NO

Doctor or Hospital Name:

DAMAGED/STOLEN PROPERTY: What was damaged/stolen?

Extent of damage

NEAR MISS: Was there potential for injury? YES/NO

Was there potential for damage? YES/NO

HAZARD: Type of hazard injury potential

Type of damage potential

Describe the event:

1 . What work was being performed at the time of the incident?

2. What Acts, Events or Conditions contributed to the incident?

SIGNED DATED

PART B – To be completed by the Supervisor Estimated cost of damage \$.....

2. Describe action taken or necessary to prevent a recurrence

Supervisors Name: Signed: Dated:

Course Taken:

Copy on Personnel File Yes No

Form	OSHpro6	1/1
Rev	A	19 Jul '11