

# INCIDENT/HAZARD REPORT FORM

All Incidents / Injuries/ Near misses / Hazards must be reported **immediately** to your Head of School/ Equivalent and your Health and Safety Rep. (Staff must be aware that an entitlement to compensation may not exist if notice of injury is not given within 30 days of being aware of injury.)  
**Refer RMIT Health and Safety Procedure – Hazard and Incident Reporting, Investigation and Recording**

## PERSON INVOLVED

Full Name: ..... Staff ID Number:.....  
 Home Address: .....  
 ..... Postcode: .....  
 Tel (H): ..... Tel (W): ..... Gender: Male  Female   
 Date of Birth: ..... Occupation: .....  
 School: ..... Campus: .....  
 Time of Incident/Hazard: ..... Date ...../...../.....  
 Incident occurred during: a) Work Time  b) Recess  c) Travelling   
 Location of Incident/Hazard (Building No./Level/ Room No. if applicable): .....  
 Description of Incident/Hazard (Describe what happened): .....  
 .....  
 Nature of Injury (If applicable): .....  
 Immediate action taken:.....  
 .....  
 Absence Details: a) Time Lost: Yes  No   
 b) Ceased Work: ..... am/ pm ...../...../.....  
 c) Resumed Work: ..... am/ pm ...../...../.....  
 Name & Position of Person notified: ..... Date: ...../...../.....  
 Name of Witness: ..... Tel: .....  
 Name of Treating Agency: .....  
 Name of Doctor/ Nurse or 1<sup>st</sup> Aider: ..... Tel: .....  
 Signed (Person Involved): ..... Date: ...../...../.....

**DISTRIBUTE COPIES AS FOLLOWS:**

**White Copy**  
People & Culture

**Yellow Copy**  
Health and Safety Representative

**Green Copy**  
Head of School/ Equivalent

**Pink Copy**  
Injured Person

Forward **White Copy ONLY** to People & Culture

**See list above for further distribution**

## Head of School / Equivalent Head of Non-Academic Business Unit

**NB: Completion of this form by the Head of School / Equivalent, does not constitute an acceptance of liability for WorkCover. This form should be completed and returned to People & Culture within ten working days.**

Full Name: ..... Position: .....  
 Tel: ..... Health and Safety Representative Notified: Yes  No   
 H & S Rep Name: ..... Tel: ..... DWG No: .....  
 Incident Investigation Report has been sighted and the following action will be taken to prevent a recurrence of the incident:  
 .....  
 .....  
 ..... By Whom: ..... By When: .....  
 Property Services Service Desk Notified (for building related issues) YES  Not Required  Job No: .....  
 First Aid Treatment Report Attached Where Applicable. YES  Not Required

If you require Occupational Health & Safety advice in relation to this matter, please contact the relevant OHS Consultant in People & Culture

I acknowledge receipt of the notice of injury and agree to the above-proposed actions within the specified timeframe.

Signed (Head of School / Equivalent.): ..... Date:...../...../.....

Signed (H & S Rep): Sighted  / Agreed  ..... Date: ...../...../.....