

Volunteer Incident Report Form

Date Reported: _____ Date of incident: _____

Location: _____

Project Manager Responsible: _____

Describe the incident (what happened? How did it happen?)

Please attach a map of location of incident if required (e.g. motor vehicle accident)

Were there any injuries / near misses?

Contributing factors (what caused or contributed to the hazard)

Risk Assessment (to be completed in consultation with the person involved in the incident)

Consequence	Probability	Severity	Risk Priority
<input type="checkbox"/> Catastrophic	<input type="checkbox"/> Frequent	<input type="checkbox"/> Extremely Serious	<input type="checkbox"/> Urgent
<input type="checkbox"/> Critical	<input type="checkbox"/> Occasional	<input type="checkbox"/> Very Serious	<input type="checkbox"/> High
<input type="checkbox"/> Marginal	<input type="checkbox"/> Remote	<input type="checkbox"/> Serious	<input type="checkbox"/> Medium
<input type="checkbox"/> Negligible	<input type="checkbox"/> Improbable	<input type="checkbox"/> Not Serious	<input type="checkbox"/> Low
		<input type="checkbox"/> None	<input type="checkbox"/> None

Corrective Action (what corrective action has been taken to address the hazard)

Name: _____

Signature: _____ Date: _____

Person involved in the incident

Noted by person involved in the incident (provide additional comment if required)

Name: _____

Signature: _____ **Date:** _____

Chairperson

Confirm corrective action taken (provide additional comments if required)

Name: _____

Signature: _____ **Date:** _____