Graphical user interface, text

Description automatically generated

Incident or accident report form

|  |  |
| --- | --- |
| Date reported |  |
| Date and time of Incident |  |
| Location |  |
| Shed Supervisor/ Coordinator on duty |  |
| Describe the incident/accident (what happened, who was involved?) |  |
| Were there any injuries (or near misses)? |  |
| Were there any contributing factors? (What caused the incident) |  |

**Risk Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Consequence** | **Probability** | **Severity** | **Risk Priority** |
| * Catastrophic * Critical * Marginal * Negligible | * Frequent * Occasional * Remote * Improbable | * Extremely serious * Very Serious * Serious * Not serious * None | * Urgent * High * Medium * Low * None |

**Action**