

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**