



Incident/Hazard Report

Date: Person reporting the Incident/Hazard

Contact Details:

Incident Type: Injury to an individual Damage to property Near Miss Hazard

Detail of Incident or Hazard

Date: Time: Location:

Describe the Incident or Hazard:
(What happened and how?)

Was Anyone injured? Yes No Was First aid or further treatment Required? Yes No

Details of Person Injured (only complete if someone was injured)

Name:

Address:

Phone: Date of Birth:

Volunteer Staff member Public Player Contractor

Details of Injury and treatment:

Were there any Witnesses? Yes No Name:

“Please Complete as much information as possible and return form to Club Management”



Incident/Hazard Report

Management Committee Review

Reported Date:

To Who

Immediate Action Taken (Details of any action taken)

Root Cause (What conditions or factors caused or contributed to the incident or hazard to occur)

Corrective Actions (What needs to occur to prevent reoccurrence)

	By Who	By When
<input type="text"/>	<input type="text"/>	<input type="text"/>

Investigation Completed by:

Is the Incident Notifiable

 Yes

To Who:

 No

Reviewed at Management Meeting

 Yes No

Date of Review:

WHS Action Plan Updated

 Yes No

Ref Number:

Hazard Risk Register Updated

 Yes No

Ref Number:

Date Closed: