

4.05c Dangerous Occurrence (non- injury) Report



8 June 2010

To be completed within 12 hours of incident

Part A: Details

Were any staff members involved? Yes No

Was a staff member injured? Yes No If **YES** Complete [Incident Report – Staff \(4.05a\)](#)

Persons Involved: _____

Witnesses: _____

Details of Incident: _____

Location: _____ Time of Occurrence: _____

Description of any plant or equipment involved: _____

Action Taken (if any): _____

Part B: For completion by supervisor responsible for equipment involved.

Supervisor's Name: _____ Ext: _____

Classification: _____ Cost Centre: _____

Type of Equipment: (eg. Computer, circular saw) _____

Asset Register details (if any) _____

Are safe use instructions available? Yes No

Does this incident have the potential to be a Worker's Compensation claim? Yes No

What could be done to prevent a reoccurrence of this event? (Long-term solution)

In addition to completing this form, please contact the Occupational Health and Safety Unit immediately, so that a recurrence of the event can be prevented.

Contact: Occupational Health and Safety Officer 6773 3232

Please make a copy of this report for your records before sending the report to the OHS Unit

Signature: _____ Date: ____ / ____ / ____

Part C: For Occupational Health and Safety use only

Actioned

Signed: _____ /_____/_____
OHS staff member Date

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