Report Number:

**Hazard/Incident Reporting Form**

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| 1. **Name**
 | 1. **Location**
 | 1. **Date**
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| 1. **Nature of Report** (Please tick.)
 |
| * Hazard
* Incident
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| 1. **Description of the Hazard/ Incident**
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| 1. **Proposed Solution**
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| 1. **Mark all of the following that you believe to be contributing factors:**
 |
| * Wind
* Rain
* Slippery Surface
* Tall Grass
* Unstable Ground
* Trip Hazard
* Heat
* Lack of training
* Non-compliance with established procedure
* Procedure does not exist
* New tool or equipment
* New or changed task
* Lack of planning
 | * Failed to communicate
* Equipment malfunction
* Physical Health
* Fatigue
* Peer pressure
* Personal unrelated problem
* Stress
* Lack of managerial support
* Insufficient staff
* Twisting, Bending, Kneeling
* Blameless error
* Negligent behaviour
* Others (Please specify.):

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| **FOR OFFICE USE** |
| 1. **Department Notification**
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| * Management
* Operations
* Engineering
 | * CAD
* Manufacturer
* Others (Please specify.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| 1. **Solution**
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| 1. **By whom**
 | 1. **Implementation Date**
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| 1. **Follow Up Y/N**
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| **Report Closed** |
| 1. **Name**
 | 1. **Date**
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