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** | |
| * 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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