

This form relates to OHS Procedure - Incident and Emergency Management

Part 1 (To be completed by person reporting Hazard or Near-Miss)

Date of Report: ____/____/____ Name of Person Reporting: _____

Campus: _____ School / Section: _____ Phone: _____

Precise Location of Hazard/Near Miss: _____

Name of Management Rep to whom Hazard was reported: _____

Name of H&S Rep to whom Hazard was reported: _____

Description of Hazard/Near-Miss: _____

Part 2 (To be completed by Management Representative conducting investigation)

Name of Management Representative:

Corrective Action for Hazard / Near-Miss Reported	Person Responsible	Completion Date

Signature of Person Reporting: Date:/...../.....

Signature of H&S Representative: Date:/...../.....

Signature of Management Representative: Date:/...../.....

Original: to Person Reporting Hazard

Copies: (1) H&S Rep, (2) Management Rep, (3) Risk, Health and Safety (ohs@federation.edu.au)

Warning – Uncontrolled when printed. The current version of this document is on the University website.