



Windsor Institute of Commerce Pty Ltd
HAZARD REPORT FORM

OFFICE USE ONLY

Report Number

Injuries/illnesses: Complete sections A, and B Environmental incidents, hazards, fires and property damage: Complete sections A and B

SECTION A: DETAILS OF PERSON INVOLVED IN INCIDENT or PERSON REPORTING HAZARD

Person involved in incident or Person reporting hazard/damage
Surname: Given Name: ID No: M / F
Staff Student Visitor
Department:
Address: Telephone:

SECTION B: INCIDENT DETAILS or NATURE OF HAZARD or DAMAGE Use separate sheet(s) if insufficient space

Date of incident/hazard/damage: Time am/pm Date when first noticed or diagnosed:
Location of incident/hazard/damage: Room/space
Building: Campus
Normal duties Travelling on duty In class/lecture Off-campus activity Other
Brief description of incident, hazard, fire or damage (what happened?)

SECTION B: CORRECTIVE/PREVENTIVE ACTION Use separate sheet(s) if insufficient space

ACCIDENT/INCIDENT: Notifiable Other Environmental Hazard/Near Miss
Investigation results (why did it occur?)
Corrective/Preventive action recommended / taken:

Attached: Correspondence Risk assessment Other
Supervisor Heath & safety representative
Signature: Print name: Date:
Signature: Print name: Date:

Principal Executive Officer
Recommendations in B have been implemented: Yes No In Progress
Signature: Print name: Date

